It's safe to ask ...

Building a Culture of Safety

2008-2009 Annual Report

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Letter of Transmittal

September, 2009

Honourable Theresa Oswald
Minister of Health

Honourable Kerri Irvin-Ross
Minister of Healthy Living

Dear Ministers

On behalf of the Board of Directors of Regional Health Authority - Central Manitoba Inc. (RHA Central), I respectfully submit our 2008 - 2009 Annual Report. The document was prepared under the board's direction and approved by the Board of Directors in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. In accordance with appropriate legislative authority and government requirements, all material, economic and fiscal implications known as of March 31, 2008 have been considered in preparing the Annual Report.

The RHA Central continues to remain focused on Manitoba Health's Vision of "Healthy Manitobans through an appropriate balance of prevention and care" as well as Manitoba Health and Healthy Living goals:

- Optimize the health status of all Manitobans through prevention and health promotion
- Improve quality, accessibility and accountability of the health system
- Achieve a sustainable health system.

We anticipate you will find this a comprehensive report of the 2008-09 achievements and direction of RHA Central Manitoba Inc., as we strive to be "as healthy as (we) can be at a reasonable cost to the community".

Sincerely,

Robert Jones

Board Chair
Regional Health Authority - Central Manitoba Inc.

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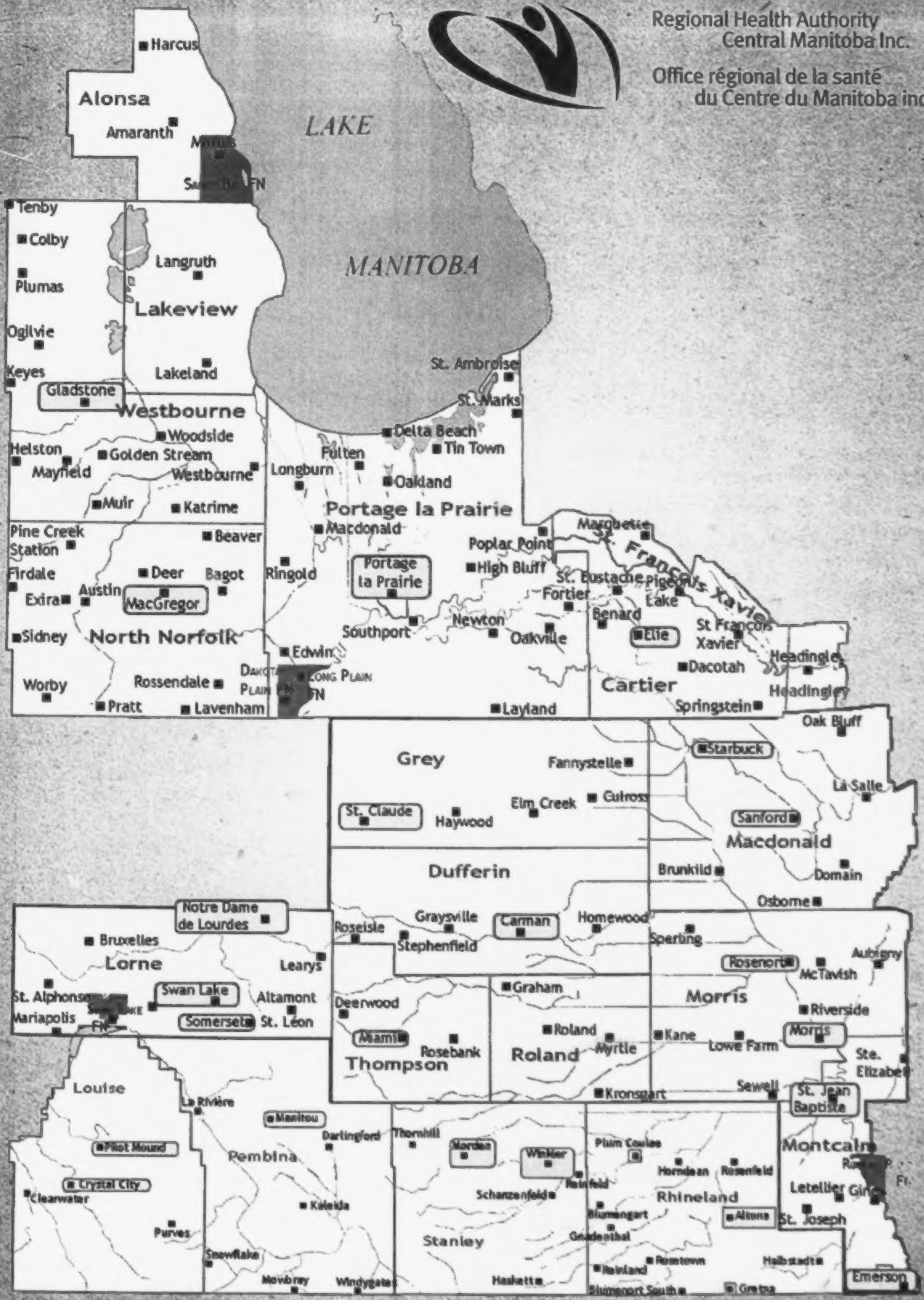
> “To us a culture of safety in RHA Central means that we value client/patient safety and this is what we believe in, a right to be protected from harm, it's everybody's responsibility, it is looking for the “what if's” – prevention is the key to looking ahead to promote a safe environment.”
>
> *Carman Patient Advocacy Committee*

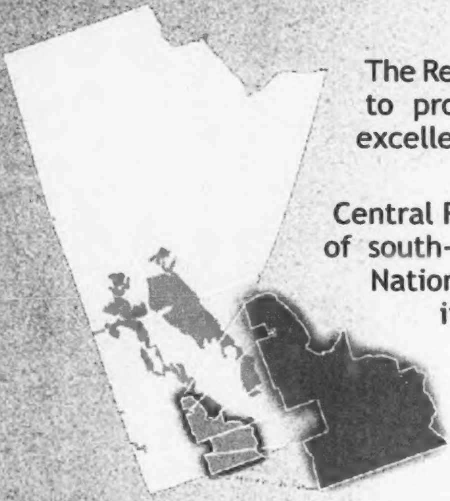
Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.


LAKE
MANITOBA
Harcus
Alonsa
Amaranth
Marius
Sandy Bay FN
Tenby
Colby
Plumas
Langruth
Lakeview
Ogilvie
Keyes
Lakeland
Gladstone
Westbourne
Woodside
Helston
Golden Stream
Mayfield
Westbourne
Muir
Katrime
St. Ambroise
St. Marks
Delta Beach
Tin Town
Fulton
Longburn
Oakland
Portage la Prairie
Macdonald
Pine Creek Station
Beaver
Firdale
Deer
Bagot
Ringold
Portage la Prairie
Poplar Point
High Bluff
Marquette
St. François Xavier
St. Eustache
Pigeon Lake
Fortier
Extra
Austin
MacGregor
Sidney
North Norfolk
Southport
Newton
Oakville
Benard
Elie
St François Xavier
Headingley
Dacotah
Headingley
Edwin
Dakota Plains FN
Long Plain FN
Worby
Rossendale
Pratt
Lavenham
Layland
Cartier
Springstein
Oak Bluff
Grey
Fannystelle
Starbuck
La Salle
St. Claude
Haywood
Elm Creek
Culross
Sanford
Macdonald
Brunkild
Domain
Dufferin
Osborne
Notre Dame de Lourdes
Bruxelles
Lorne
Learys
Roseisle
Graysville
Stephenfield
Carman
Homewood
Sperling
Rosenort
Aubigny
McTavish
St. Alphonse
Swan Lake
Altamont
Swan Lake FN
Mariapolis
Somerset
St. Leon
Deerwood
Graham
Morris
Riverside
Miami
Rosebank
Thompson
Roland
Roland
Myrtle
Kane
Lowe Farm
Morris
Ste. Elizabeth
Louise
Kronsgart
Sewell
St. Jean Baptiste
La Rivière
Manitou
Darlingford
Thornhill
Morden
Winkler
Plum Coulee
Montcalm
Pilot Mound
Pembina
Horndean
Rosenfeld
Roseau River FN
Crystal City
Clearwater
Schanzenfeld
Reinfeld
Rhineland
Letellier
Gince
Kaleida
Blumengart
Altona
St. Joseph
Purves
Gnadenthal
Stanley
Snowflake
Rosetown
Halbstadt
Mowbray
Windygates
Haskett
Reinland
Blumenort South
Gretna
Emerson

About Us

As healthy as can be!



The Regional Health Authority - Central Manitoba Inc. is dedicated to providing health care services with integrity, caring and excellence to 104,689 people of our Region.

Central Region extends across more than 18,900 square kilometres of south-central Manitoba. It includes 37 municipalities, 6 First Nations and 8.5 per cent of Manitoba's total population, making it the most populous of the province's rural and northern regions. In Central Region, where much of our population is involved in agriculture or industry, we offer medical services as close to home as possible and provide care with the personal touch and the more relaxed pace typical of the country. Central Region is often the largest employer in a town or rural area, so our programs, as well as our staff, become an integral part of these communities.

Our goal is to provide outstanding health care at a reasonable cost to our diverse communities. An annual operating budget of $180 M funds over 100 health service programs. Resources are maximized with innovative technologies such as telehealth services, computerized health records and the latest in diagnostic tools at some sites.

We value our programs and services, but our most significant resources are more than 3,300 highly-skilled employees and countless dedicated physicians and volunteers. Directed by our Chief Executive Officer, these people work with the integrity and caring that distinguishes all our programs and facilities.

The Regional Health Authority Central supports prevention programs and builds partnerships with the community to ensure that the people in our Region are AS HEALTHY AS CAN BE.

Statement of Purpose

THE REGIONAL HEALTH AUTHORITY - CENTRAL MANITOBA INC.
EXISTS SO THAT PEOPLE IN OUR REGION ARE AS HEALTHY AS THEY CAN BE
AT A REASONABLE COST TO THE COMMUNITY.

Board END

HEALTHY INDIVIDUALS AND A HEALTHY ENVIRONMENT

Strategic Priorities
- ✓ Reduce incidences of health risk factors preventable illness, death and injury
- ✓ Awareness and demonstration of healthy lifestyle behaviours
- ✓ Individuals independent and active as long as possible
- ✓ A supportive network within the community
- ✓ Individuals supported in their care-giving roles

Board END

A HEALTHY RESPONSIVE AND INNOVATIVE ORGANIZATION

Strategic Priorities
- ✓ A healthy workplace in RHA Central
- ✓ An appropriate and skilled workforce
- ✓ Healthy public policy in RHA Central
- ✓ Timely access to information

Board END

ACCESS TO THE MOST APPROPRIATE CARE IN THE MOST APPROPRIATE SETTINGS

Strategic Priorities
- ✓ Culturally sensitive health care in RHA Central
- ✓ Timely and effective access to care
- ✓ Collaboration across jurisdictions
- ✓ Client satisfaction
- ✓ Community engagement and partnership

Board END

A SUSTAINABLE, SAFE AND INTEGRATED CLIENT-CENTRED HEALTH CARE SYSTEM

Strategic Priorities
- ✓ A culture of safety throughout the RHA Central
- ✓ Quality health care in RHA Central
- ✓ Organization-wide accountability
- ✓ Continuity of care

Integrity *Caring* *Excellence*

Governance

The RHA Central is governed by a Board of Directors, members of which are appointed by the Minister of Health in accordance with provisions of The Regional Health Authority Act. They are responsible for implementing and establishing a sustainable, integrated regional system of health services by:

- Providing leadership in addressing the health needs of the population within the defined geographic boundaries of the Region;
- Assuming full Board responsibilities and attending meetings on a regular basis;
- Communicating effectively with management and the people in the Region; and
- Being accountable for directing the management and affairs of the Regional Health Authority.

Currently, 12 Board Members oversee the direction and management of the RHA Central.

In performing its job, the Board:

- Provides accountability for activities of the RHA Central to the residents of the Region and ensures that the organization is in compliance with the laws, rules and regulations that govern it.
- Develops written governing policies.
- Assures Chief Executive Officer performance is achieving anticipated results through monitoring.
- Develops statements of principles and positions related to public policy which represent the health interests of RHA Central's residents.

Advisory Structure:

The RHA Central has a well-established history of engaging its various communities in stakeholder and focus groups. In using a strong Policy Governance approach, ownership engagement is key. The context for the Regional Health Authority - Central Manitoba Inc. (RHA Central) Board of Directors' seeking advice from its ownership is based on the following:

- The Board is the on-site voice of its "moral ownership" - people in Central Region, *and*
- The Board exists, on behalf of people in Central Region, to be accountable that the RHA Central works
- The Board's primary relationship is outside the organization—that is, with residents of RHA Central.
- Ownership engagement is a Board strategy that allows owners' values to be represented in Board debate.

Guiding Principles:

The Board's job is to gather information from and about ownership values and to translate these into strategic direction. Some principles include:

- to connect with owners in a meaningful way
- to be morally accountable to hear from the "unheard voices"
- to have representative input from across the ownership spectrum
- to be knowledgeable about the health status of people in Central Region
- to inform ownership
- to be collectively responsible as a Board on becoming aware of regional issues supporting informed decisions
- to promote the Board's approachability
- to be clear regarding the scope of the organization's authority, i.e. set down clear objectives/ anticipated results/direction
- to be accountable.

Board of Directors

Robert Jones
Chairperson (2009/10)
(Winkler)

Connie Gretsinger
Chairperson (2008/09)
Portage la Prairie

Denise Harder
Vice-Chairperson (2009/10)
(Portage la Prairie)

Ken Crawford
Vice-Chairperson (2008/09)
Portage la Prairie

Darlene Arnott
Portage la Prairie

Elin Czeranko
Langruth

Norbert Delaquis
Notre Dame de Lourdes

Ted Fransen
Morden
Term ended March/09

Roger Kirouac
La Salle

Armande Leclair
Letellier

Jeannie Marion
Morris
Term ended March/09

Alice McKinney
Swan Lake

Daren VanDenBussche
Portage la Prairie

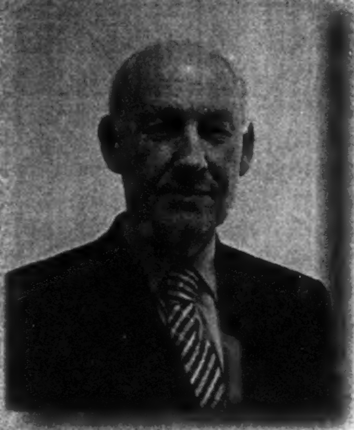
Marie Buchan
Sanford
Term began April/09

Donna Harasymec
Morden
Term began April/09

PHOTO MISSING

Joyce Perswain
Portage la Prairie
Term began April/09

Message from the Chairperson



Robert Jones
Board Chair

The 2008-09 fiscal year was a very active and positive one for RHA Central and its Board of Directors as evidenced in this annual report. The Board has been rigorously involved in various stages of strategic planning, performance management, community engagement and many more activities as noted below.

At the outset, I would like to express the Board's appreciation for the significant contribution of outgoing chairperson Connie Gretsinger. Connie was the Chair since 2007. This report clearly demonstrates RHA Central's many achievements in the past year and the years since 2001 which can, in no small part, be attributed to the governance leadership that Connie provided during that time. I would also like to thank my fellow Directors, past and present for their active engagement and their professionalism. In particular, we acknowledge Board members who have retired this past year: Ted Fransen, Board member since 2001, Jeannie Marion, 2003 and Kenneth Crawford, 2007. Each individual has contributed in a positive way to moving forward in our common commitment of Integrity, Caring and Excellence. We welcome new Board Members Marie Buchan, Donna Harasymec and Joyce Perswain.

It is also my pleasure to recognize CEO Kathy McPhail, the employees, physicians and volunteers whose profound sense of commitment and service to our clients, families and communities is second to none. We express sincere appreciation for their unwavering devotion and their vitally important contributions in making RHA Central an exemplary health organization.

On behalf of RHA Central, I wish to express our appreciation to the Honourable Theresa Oswald, Minister of Health, and to the Honourable Kerri-Irvin Ross, Minister of Healthy Living for their continued support and encouragement.

Sincerely,

Robert Jones

Robert Jones
Board Chair

2008-09 Board of Directors Initiatives

Planning and Being Accountable

- The relevance of the RHA Central's Statement of Purpose was reaffirmed: "The Regional Health Authority - Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community."
- To provide a more "balanced" view of the RHA Central's purpose relative to the responsibilities and authority conferred upon it by government, Board ENDs were reconfigured into four new ENDs statements as published in this annual report.
  - Healthy individuals and a healthy environment
  - A healthy responsive and innovative organization
  - Access to the most appropriate care in the most appropriate settings
  - A sustainable, safe and integrated client-centred health care system

- Additionally, for each of the four Board ENDs, Board Strategic Priorities were elaborated, also published in this annual report.
- Working closely with our staff, the Board developed the Integrated Strategic Performance and Accountability Wheel, a conceptual framework that depicts strategy, balance and integration among key dimensions of organizational performance.
- To enhance accountability, the Governance Dashboard is being implemented. This tool will assist the Board in its monitoring of progress in achievement of its Board ENDs, Strategic Priorities and compliance with Executive Limitations including risk management activities. Although still in developmental stages, the Dashboard will be piloted in 2009-10.
- Monthly meetings continue to be open to the public, and agendas and minutes are published on the RHA Central website.
- Accreditation Canada survey was conducted in March 2009. Accreditation Canada's decision and areas for improvement will be a significant driver to guide future planning. Through the Accreditation process this year, the Board completed a self-assessment for Sustainable Governance and a governance functioning tool and subsequent quality improvement plan for governance.

Community and Ownership Engagement

- In May 2008, representatives from the *Table de concertation régionale du Centre* and the *Conseil communauté en santé* provided a brief history of French Language Services (FLS) in Central Region together with an explanation of the organizational relationships that exist on a national, provincial and regional basis in relation to FLS. Of the 11 RHAs in Manitoba, RHA Central is one of seven (7) designated bilingual and as such, certain sites and services must 'actively offer' services in the official language of the client's choice.
- The Community Health Assessment process was reviewed and endorsed at the April 2008 Board Workshop, the June 2008 Board Meeting and the September 2008 Board Workshop. In addition, during the 2008-09 fiscal year:
  - Five focus groups were conducted with the francophone community in Central Region
  - Focus groups to learn more about the new Board END "Access to the most appropriate care in the most appropriate settings" were carried out with the Board itself, with the Regional Leadership Forums, and the Regional Medical Advisory Committee.
  - Collaboration with the:
    - Community Consultations on Women's Health -Toward Renewal of the Manitoba Women's Health Strategy with a community consultation on women's health issues and policy priorities, and
    - the Aboriginal Transition Fund consultation work with FIrst Nation and Métis populations
  - A two-day workshop with staff to begin aligning priorities on preliminary health assessment findings.
- The Annual Public Meeting was held in Altona in October with the theme "Today's Choices are Tomorrow's Opportunities". As part of the consultation process during the meeting, Board Members were seated at a number of round tables to encourage dialogue with members of the public. Questions or discussion around the tables raised issues such as immigrant populations, home care; enquiring questions related to the work of the Board e.g. the Board's role in ethical decision-making and clarification of funding. Questions raised indicated the public's desire to know more about the Board and the environment while the format also provided an opportunity for more sensitive patient care issues to be discussed.

- In January 2009, the Board heard from representatives of the Town of Carman and Rural Municipality of Dufferin who shared some of the successes and challenges that healthcare has presented to their respective communities in recent times. Although involvement with healthcare is relatively new for local authorities, both communities expressed a willingness to be involved and to work with the RHA. Discussion as to how these two roles might best fit together and what these roles might be have commenced and are ongoing with the RHA.
- In February, 2009, the Board appreciated meeting with the Fairholme Colony, Portage la Prairie to hear a presentation on the Youth Health Survey and its impact within the region's colony schools.

Board Performance

- The Board continues to monitor itself against its own Governance policies at each Board meeting and every meeting itself is also assessed by the participants and reported back at the following meeting.
- The Board has stated in policy that it will invest in the development of its ability and capacity to govern. In 2008-09, this has included:
  - Attendance at Provincial & Regional Orientations by new Board Members
  - Attendance at Board approved National, Provincial & Regional conferences and forums. Conference attendees provided written and verbal reports of the various sessions attended.
    - Central Region's Healthy Communities Conference, April, 2008, in Notre Dame de Lourdes
    - 2008 National Healthcare Leadership Conference
    - 2008 Manitoba Institute for Patient Safety (MIPS) sessions
    - 2008 CCHSE Provincial Health Leadership Forum
    - Rural and Northern Health Care Forum regarding the Manitoba Child Health Atlas Update.
- Organizing and attending Board education and workshop events
  - New Accreditation Canada survey process education sessions for the 2009 survey
  - A Fall Board workshop designed to fine tune the Board's work on reconfiguring the Board ENDs
  - A presentation on the Personal Health Information Act (PHIA)
  - Patient Safety Halifax 8 webcast sessions
  - A presentation on the Workers' Compensation system and how it applies to RHA Central and the role of Case Management Canada Inc. and how it works with both the Workers' Compensation Board and RHA Central
  - A presentation on Disaster Preparedness - The Board's Role
  - Youth Health Survey Presentation.

> "To me, a culture of safety in RHA Central means team collaboration, communications and keeping up with best practice."
>
> *Cheryl Harrison*

Message from the Chief Executive Officer

Kathy McPhail
Chief Executive Officer

Every day in Central Region, over 3,300 employees, physicians and volunteers dedicate their efforts and collaborate with our partners to help people become as healthy as they can be. I value this opportunity to demonstrate their achievements and their stories in the 2008-09 Regional Health Authority – Central Manitoba Inc. Annual Report.

This report also emphasizes the RHA Central's relationships with our many partners, a key element in our approach to enhancing the safety and quality of health care. By *"Building a Culture of Safety ... It's safe to ask ..."*, we hope to engage the community and clients to become active, informed members of the care team. While patient safety continues to be a priority, we strive to build and demonstrate our culture of safety in many ways - be it through our safety committees' work, to critical incident reviews, hand hygiene campaigns, falls prevention programs, safe medication use, or involvement in research with the Canadian Patient Safety Institute for Patient Safety Research and many more initiatives. The Board of Directors also acknowledges the importance of clearly stating this as one of its priorities.

In my report last year, I listed the many challenges that bear on the health care environment and in some way, over the course of the year, we have anticipated, talked about or experienced most of these. Indeed, as we usher in the 2009-10 fiscal year, we realize that some challenges such as international public health issues, pandemic planning and disaster preparedness are becoming evermore pressing and urgent.

Despite the global economic uncertainties in 2008, RHA Central ended the year in a strong financial position, and experienced another fulfilling year. We focused our attention on positioning ourselves to deliver results under difficult financial conditions for now and as well for the future. With an in-globe operating surplus of $2,266,480, we have again been able to reduce the accumulated deficit from past years and move into a positive financial position in 2008-09.

I acknowledge the enormous support I receive from the Board of Directors and commend their commitment, foresight and wisdom in providing direction in our endeavours throughout the year. The Board's pursuit for quality, accountability and performance inspires us all in our daily work.

Our skilled and compassionate employees, physicians and volunteers continued to focus on providing an unparalleled quality of service to our clients. I am grateful for their tireless efforts, dedication and creative energy which enabled us to seize the opportunities, to meet the challenges and to accomplish much as demonstrated in the following pages.

Success is achieved through the efforts of many and I would like to express gratitude and thanks to our communities and partners whose cooperation and encouragement are a pivotal anchor for any progress we strive for.

As you read through this report, I hope it will leave you in no doubt as to our commitment to providing safe, quality service to our clients and to being accountable in carrying out our responsibilities. Behind the numbers and statistics, we often hear about the personal experiences of people in RHA Central, the real measures of our success. This year, we are happy to share some of these inspiring stories with you in our annual report. The stories featured here are just a few of the many acts of Integrity, Caring and Excellence that occur in Central Region every day.

Respectfully,

K McPhail

Kathy McPhail
Chief Executive Officer
Regional Health Authority - Central Manitoba Inc.

It's Safe to Ask!

Awareness pays off for patient

Asking questions is good for your health!

Linda Drewlo knows that first-hand and the importance of being able to navigate through the health care system. She knows this through personal experience, as a cancer survivor, as well as in her position as a seniors' resource coordinator. With her experience, Linda is an obvious choice to participate on the Carman Patient Advocacy Committee, a project of Manitoba Institute for Patient Safety (MIPS) to increase awareness and education in regards to patient safety and patient advocacy.

"The basic idea is to make people more aware of the things that happen in the health care system," said Linda. "People need to be more aware of their own health care needs." They need to ask more questions.

From her own experience, Linda knows you have to be very aware when dealing with complicated health issues. When she finished her chemotherapy treatment, she was called in for radiation treatments. She "knew" it was too soon and she should have a break between the treatments, but, after questioning the person booking the appointment and being assured the date was correct, she went along with the plan. But the staff person was wrong. "I shouldn't have just questioned the staff person calling me, I should have called the radiologist," she said. "You have to be on your toes and ask questions when you have concerns or doubts."

Linda said she often hears adult children express concern about their elderly parents being on too many medications. "It can be a problem. Every medication has side effects and inevitably, if they are on too many medications, they get too many side effects," she said. Educating seniors on the use of their medication, the dangers of taking them in an un-prescribed way, and on asking their providers questions about their medications and the reasons for taking them has been part of the committee work.

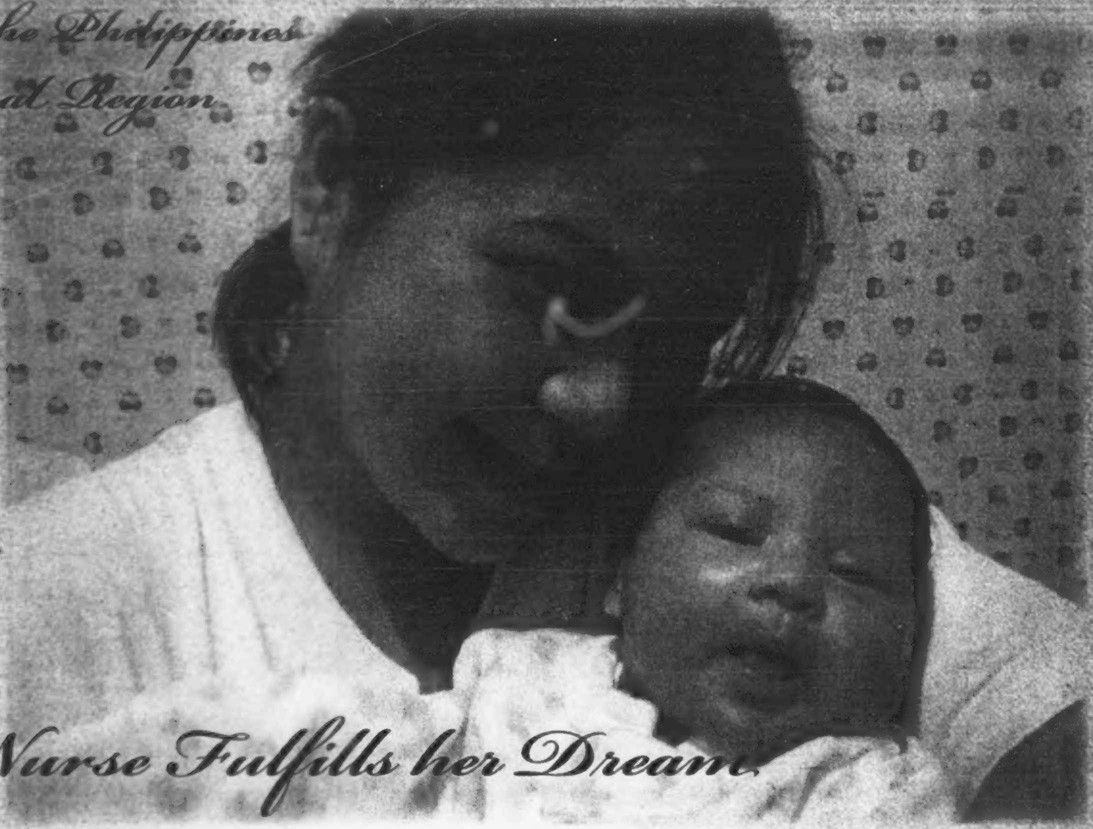
They also let seniors know that, as the MIPS initiative states: It's Safe To Ask three key questions: 1) What is my health problem? 2) What do I need to do? 3) Why do I need to do this?

Linda is determined to do her part to ensure critical incidents for the seniors in her area are minimized. "A lot of seniors are right on top of it," she said, "They are very aware of what's going on. But if people live alone and are not as aware, we (Carman Patient Advocacy Committee want to do what we can to help them."

Telling people, especially seniors, that they should carry a medication card with them in case of an emergency or admittance to hospital is one thing, but the advocacy committee went a step further, facilitating a number of gatherings where people could get help in filling out their forms. "It's great to hand out an Emergency Response Information Kit (E.R.I.K.), but if they're not filled out, they are of no value," said Linda.

It's Safe to Ask has a simple but powerful message that patient safety can be improved when patients understand the answers to these questions. Everyone has questions about their health. While we sometimes think we might be the only one who sometimes finds things confusing, it is important to ask questions to better understand how to get better.

From the Philippines to Central Region



A Nurse Fulfills her Dream

Kristine Carolino is one of 31 nurses from the Philippines who have arrived in the Region as part of RHA Central's latest foreign recruitment initiative. She arrived in Gladstone at the end of April and immediately experienced Manitoba's renowned hospitality. "I find everything here in Canada to be friendly," she said. "The people here are warm and you have a great community."

Carolino made the difficult decision to leave her newborn baby with her family in the Philippines. She said the decision to leave her baby with her mother was very hard, but she knows the child is in good hands and will be able join her soon. The Provincial Nominee program allows her to apply in six months for her family to join her. Through tears, she explains: "I have to sacrifice because I know in the end all of our sacrifice will be worth it for our family. I want to bring my family here so we'll have a better life." Her husband is working as a nurse in England with plans to apply for a nursing position in Manitoba as well.

Two other Filipino nurses living with her in Gladstone have also left families back home. "We have the same thing in common, so we can talk about it together," Carolino said. Social events with other Filipinos in Neepawa and surrounding area have helped to ease her transition, along with volunteer families in Gladstone. "We find new families here," she said. "All the people are asking 'What do you need?' - they're being a family to us and filling in the missing things."

In addition to helping the new arrivals find housing, appropriate churches, and Philippine-style food, the RHA also provides them with support for their upcoming RN exam in October. Carolino, like most other immigrant nurses, works as a graduate nurse while preparing for RN certification, and the RHA assists the nurses as much as possible during this period. "The RHA is working well with us so we can achieve our goals," Carolino said.

Carolino works at Third Crossing Manor in Gladstone. She says the work has been a highly positive experience, and that co-workers share her passion of caring for others. "They make us feel welcome. My first impressions are that my family will be able to adapt well here. It's my dream to come here, to work abroad and I'm fulfilling my dream for my family."

Terri Lynn Myran

The Right Care, at the Right Time ...

... a caregiver's touch like no other

Terri Lynn Myran understands the importance of having aboriginal health care workers in Central Region. "When I was in the hospital doing my internship and was able to help aboriginal people, it made them more comfortable to have me there," she said. "That feels good."

Terri Lynn is one of 10 students taking part in Central Region's Aboriginal Health High School Internship program, in which interns gain health care experience through job shadowing. The program allows students to observe and participate in a diverse range of disciplines, and Terri Lynn took full advantage of the available choices. She shadowed a physical therapist, a health care aide, a public health nurse, an occupational therapist, and spent time in the diagnostic lab.

The initiative is part of a strategy to develop an RHA workforce to reflect the population it serves and to give aboriginal people more culturally-sensitive service. Students who successfully complete the 18-week orientation earn half a course credit from Portage Collegiate Institute and are offered six weeks of paid summer employment in the Portage la Prairie health care system. Terri Lynn, a member of the Long Plain First Nation, shares that the health care experience has made her appreciate the importance of educational choices. "You need to be caring, respectful and well-educated on the kind of stuff you'll need to do," Terri Lynn explained. Terri recently registered in a program of aboriginal studies at the University of Winnipeg.

Terri feels this opportunity has gained her an understanding of the effects health care workers can have on their patients. "They might not be the happiest people when you come in because they're sick," said Terri Lynn. "But once they see that you're there to help them, they often lighten up. I got to witness first-hand how a positive attitude helps make the patient healthier."

In wrapping up the interview about her experience, the look on her face said it all: Terri Lynn said the most gratifying aspect of the program was the reaction of the aboriginal people she encountered. "The patients themselves were so grateful -- to see young aboriginal people taking a hold of an opportunity ... and that alone motivates me to keep going."

Ilene Botterill
1913-2009

Caring Souls with no Barriers

Janelle Botterill knew what to expect when her husband's grandmother was admitted to the Lions Prairie Manor in Portage la Prairie. After all, Janelle had worked in the facility herself and she was well aware of the Manor's motto: "Living Proudly Matters," and their philosophy to "strive to make the resident's lives happy, comfortable and as home-like as possible."

But still, she said, when the person you are admitting to long term care is a family member, there are all kinds of emotions attached. "It was hard to see her give up some of her independence and to require care from a facility". said Janelle.

A few days before her grandmother passed away, Janelle went to visit and witnessed a health care aide giving "Grandma" a kiss on the forehead, saying "I love you Grandma". Janelle was so touched as the moment brought tears to her eyes and an overwhelming sensation of happiness and joy inside because "this person cared so much for 'our grandma', just like we all did."

Judy Essay is Ilene Botterill's daughter. She too, was overwhelmed by the good care she witnessed. "It was just wonderful. We were humbled by the care she got, especially at the last," she said tearfully. "They were very, very gentle with her, even though they were often short staffed. And they took really good care of us too." Judy recalls one nurse, at the end of a 16-hour shift, taking time for the family to explain what was happening to their dying mother. "We just marveled. She had so much time for us and was so caring, so patient."

Janelle is still working in health care, these days in the community, rather than in a facility. While she misses Grandma dearly, she is comforted with the memories and in knowing that "this feeling of love and care for Grandma was not only provided by this one person witnessed at that moment, but has been provided by many staff over the years." I have confidence these small gestures of kindness will continue as staff go above and beyond in providing the best care they can.

Marthe Grenier and her companion Renée Jackson

Paying it Forward

... for the love of loving ...

***"Thinking of you"* card**	**$ 3.95**
Fruit basket	**$19.95**
Companion for your aging relative in a nursing home,	**priceless!**

Actually, at the Foyer Notre Dame, companionship can be bought. And at minimum wage, it's a bargain. Renée Jackson worked as a nurses' aide for 40 years before retiring and taking on a new role in the care home. She is a companion to as many as 10 residents at any given time and spends some time every day of the week at her job. "I love the elderly," she says. "It's very rewarding and I love what I do."

What she does varies from resident to resident and season to season. In the summer, there are lots of walks and trips for ice cream and in the winter they play cards and shuffleboard or just visit other residents. "I just have fun. I make them laugh," said Jackson.

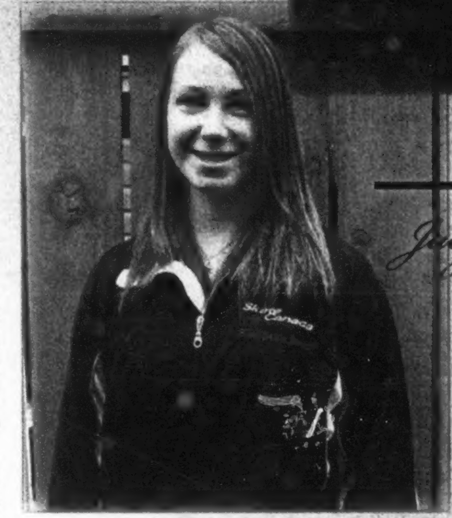
Rose-Anne Monchamp works at the care home and says about half of the 60 residents in the care home have companions. Sometimes families just can't spend the time they'd like to with their aging relative and find comfort in knowing someone is visiting them on a regular basis. "Some families are out of province and some have work or other commitments," she said. Monchamp coordinates 13 companions which include staff, students and community members. Some companion visits are an hour and some just half an hour and they can happen anywhere from one to five days a week. "It's a very rewarding job and it's very flexible," said Monchamp, adding that sometimes staff stay after their shifts to be a companion to a resident, spending time with them that they simply don't have time for during the regular work day.

One of Jackson's charges, Marthe Grenier, has had a companion since she entered the Foyer two years ago. She looks forward to Jackson's visits. "It's a big part of my life," she said. "We were friends before I came here and this [new relationship] has a foundation in friendship." The two play cards, attend bingo, go for walks, and sometimes go out for a meal together.

Jackson, 72, said she gets tired and sometimes needs a nap after five hours of companionship, but she wouldn't think of quitting. "I hope my health keeps up and allows me to continue," she said.

Healthy Hero Teens Inspire Families & Friends

Eric Picard



Jacy Howarth

Eric Picard is a teenager with a bright future, and the Lorne Region's Healthy Lifestyle Program has inspired him to make healthy living a lifelong habit. "I really want to eat healthier for the future and maybe even live longer," Eric says. "If I'm a grandparent, I want to be able to play with my grandchildren."

The Somerset School student has started Grade 12, and he already has plans to join the Canadian Army and become a technician. Fortunately for Eric, he's realized the benefits of a healthy routine that should stand him in good stead while going through Basic Training. The gym program at his school got him interested in weightlifting, and a better diet has improved his overall health. "We didn't use to pack much healthy stuff in our lunches," Eric said. "I used to have a chocolate bar every day, and now I have a fruit or granola. I am happier because I know I am eating healthier." He shares that the program has motivated the whole family to make healthier food choices.

Eric is just one of the students benefiting from a comprehensive Healthy Lifestyle Program in the Municipality of Lorne. Fun activities and prizes are used to win kids over, and special guest speakers have even included a Winnipeg Blue Bomber. One of the driving forces behind the initiative is Angela Grenier, Coordinator of Lorne Family Resource Connections, which runs the program in conjunction with the Lorne Recreation District.

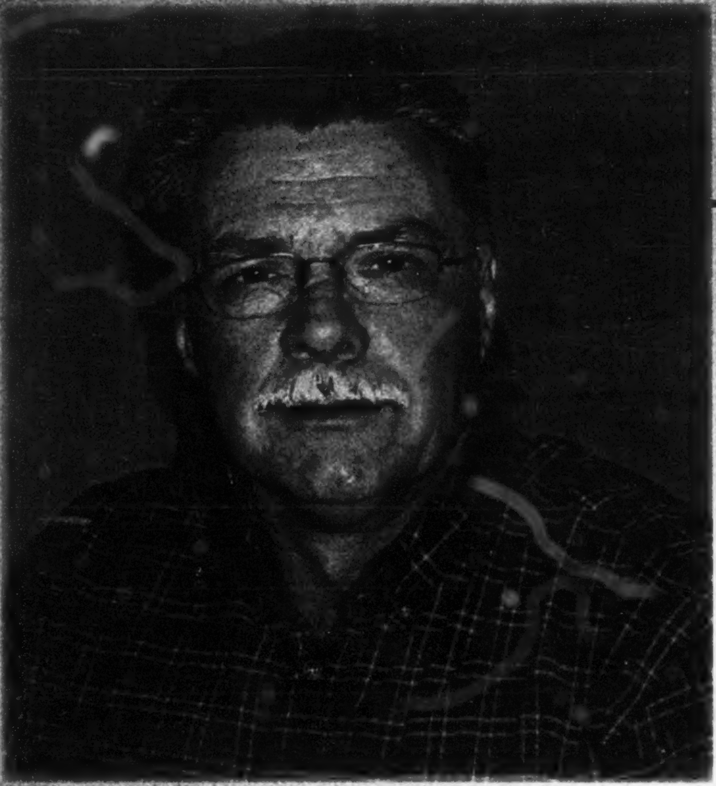
"It's not just focusing on one aspect - we are looking for balance and diversity of activity," Angela said. "We want to make it consistent and we're big on self-motivation." The program has generated plenty of feedback from parents, who have responded with significant changes in their kids' lunches. "And I had a coach say "What are you doing to the students?'" said Angela. "They're reading labels on the snacks." An important way to motivate the students has proven to be peer encouragement, and prize giveaways for healthy eaters have also been a hit. Some of the prizes have included a snowboard, CD players, clothes, and sports equipment.

Another program winner was Jacy Howarth, a figure skater who's entering Grade 11 at Somerset School. Jacy got a Healthy Hero Award, which is handed out each month to a student who has been eating healthy food and doing physical activity. "I had started being more health-conscious before winning it, and that helped me to keep doing what I was doing," said Jacy. "I eat more fruits and vegetables now."

Jacy aspires to be a figure skating instructor, and the Healthy Lifestyle Program has given her added focus to achieve her goal. She's come a long way from the old days: "I would eat chocolate bars as much as I wanted - chips, and at Christmas, I'd eat lots of dainties and cakes. I would eat whatever I wanted, and I wouldn't really care at all." Learning from the Healthy Lifestyle Program and from a nutritionist in her skate program, she's now careful to eat enough before she skates, especially protein and carbs. Cottage cheese and oatmeal-to-go are part of her pre-skate routine. Besides eating well and skating a lot, Jacy does toning exercises and walks and bikes.

"If you're more fit, you're able to do better," is how she sums it up.

Depression and Recovery



Marcel Carignan

More than two years ago, Marcel Carignan was caught in the depths of a deep depression. After an argument with his son, he took his wife's suggestion and took a walk to cool off. Neither Marcel nor his family could have anticipated how long that walk would turn out to be. "I went out for a walk for three days," Marcel said. "When they found me I was incoherent - I had no idea where I was." He was taken to the hospital in Portage la Prairie and soon transferred to Eden Mental Health Centre in Winkler.

Marcel's road to recovery has ultimately been successful, but his journey has been marked by a number of unfortunate incidents over the last decade. A former professional truck driver, he was involved in a head-on collision in 1999, and another in 2001. Although neither accident was his fault, Marcel found that he could not get back on the road after recuperating from injuries he'd received in the second collision. "I'd lost my nerve," he recalls. "I tried and tried but it never came back."

Looking back now, Marcel traces the beginning of his depression to the loss of his occupation. "In hindsight, that's when it started. I had to give up my truck," Marcel said. "How does a man cope with it, when in one swoop you lose your business, you lose your career, and you lose your will to do anything about it?"

Instead of returning to the highways, Marcel started working on trucks as a mechanic, but was sidelined again by a heart attack in the summer of 2006. "That was another blow," he

My journey back ...

said. "I was off work for five months and didn't quite heed my doctor's orders or my wife. I went back to work too quickly and had a relapse."

Marcel's depression deepened after the relapse, and he found himself losing interest in formerly enjoyable pastimes. "After the heart attack, I started going downhill really bad. I'm a hunter - big game, deer and elk, and I had no interest in any of that anymore," said Marcel. "When those hobbies and things you really enjoy don't matter any more, we have a big problem."

After Marcel "got lost," which is how his children now refer to his three-day walk, psychiatrists at Eden Mental Health concluded that he had been in a dissociative fugue. The condition involves amnesia and unplanned travel or wandering, and usually occurs after a stressful episode. "Through that time period, basically from the heart attack in June 2006 and when I came home from Eden in November 2007, I only remember bits and pieces," Marcel said.

Marcel was discharged from Eden after a 49-day stay, and he credits his recovery to his family, friends for their prayers, as well as to the doctors and staff in both Winkler and Portage la Prairie. "I'm very thankful for the mental care program as well as my family and close friends, who have been extremely supportive," Marcel says. "The RHA - they do their job very well. I have high praise for them."

For six months after his discharge, Marcel saw a counselor in Portage la Prairie as part of a mental health program that included vocational rehabilitation. Through vocational rehabilitation, he decided to apply for a 30-month course called Greenspace Management, and has already completed two terms. He's now in the work co-op portion of the diploma program and employed with a lawn care company in Portage la Prairie, near his hometown of Oakville. "This course will put me in a position to enter into taking care of parks, landscaping, nurseries, greenhouses, ornamental gardens," said Marcel. "I'm not sure which direction I may choose as a career."

New options are opening up for Marcel, and his positive view on the future is based on some of the lessons he's learned while finding his way back from being lost. "Now I'm basically in contact with a psychiatrist every six months and he's very happy with the progress I'm making. Part of what I learned at Eden was that you can change your whole outlook by the way you think," Marcel said. "Before, I thought that if I couldn't do this, I'm useless as a husband or a worker. It's more of a way of thinking, a mindset - just because you can't do what you used to do, doesn't make you less of a person. Being able to share my story has been just as encouraging to me as it has been to others."

> "To me, a culture of safety in RHA Central means that when an error is identified, we consider it a learning opportunity to work together so that we can change the system to prevent it from happening again. We don't blame the person that has reported the error, but see it as a benefit that they came forward."
>
> *Mary Smith*

Lessons Learned on the Farm...

The Road to a Life Journey of Caring

Linda Buhr remembers walking up the steps of the St. Boniface School of Nursing when she was 18, her dad at her side. She remembers being scared and her dad taking her in his arms and saying, "Linda, this is your dream. You have the chance to make it a reality. Remember that you may not change the world, but you will make a difference in your corner of it, if you want to."

Those words, along with many principals of caregiving Linda learned working on the family hobby farm, have often come back to her during a career that led from a variety of nursing positions to her current position as Director of Health Services at the Boundary Trails Health Centre.

Some years ago, Linda was working with the ambulance service, teaching basic skills to ambulance personnel and working as an ambulance attendant. Called to a horrific accident on a cold winter day, Linda crawled into the back of a car to stabilize a woman's neck while the emergency responders used the Jaws of Life to get her out of the vehicle.

"She was cold. We all were," recalled Linda. "We were under an orange tarp for what seemed like a very long time while the attendants tried to get her free. At one point the woman told me she was scared and I told her 'so am I'." In an attempt to distract them both, Linda began to ask about the woman's son. "For a short time, we both forgot about where we were and basked in the warmth of her maternal love for her son," said Linda. Just before she lapsed into unconsciousness, the woman asked Linda to tell her son how much she loved him. She later died of her injuries. "I think I made a difference in my corner of the world that day," she said, "But, like many patients and staff have done over the years, she also changed my corner of the world, imparting yet another life lesson to me."

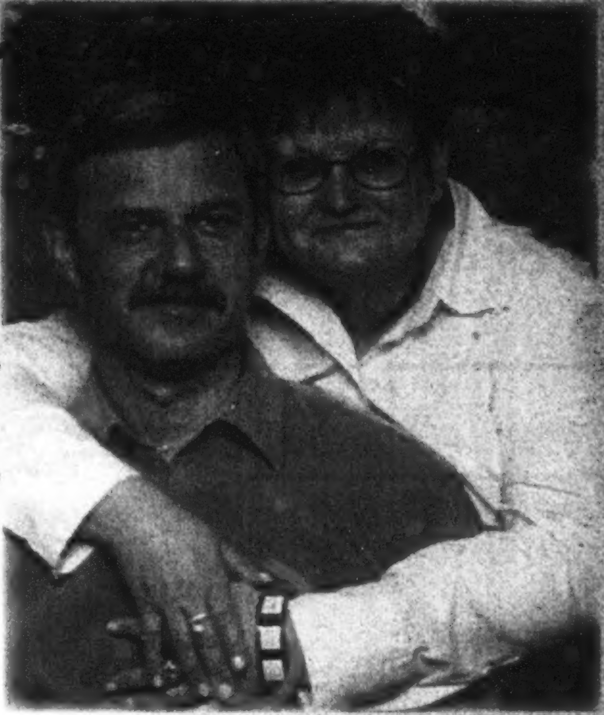
The challenges she faces as an administrator are different than those directly related to patient care that used to face her daily, but Linda said "it still all goes back to the same old principles."

Buhr said her career path "just happened" as she went where she had a sense she should go. This attitude allowed her to work in many areas of nursing. Working in administration, she is able to draw on many of the experiences she had over a 32-year nursing career. "In my current position, my role has become very diverse. I find myself having to step back more frequently, pausing to remember my values. Often I feel like a very small pebble in a very large pond," she said. And sometimes, even if her heart is telling her one thing, for reasons related to logistics, politics, or funding, things do not always turn out the way she envisioned.

"But the one thing that remains true is that people need care...pain and suffering continues, and as long as it exists, we have a great job to fulfill. Everyone has a role to play. Health care providers must never forget that humankind bestows their trust upon us in one of the most vulnerable times in their lives. This needs to be honored and considered a privilege."

Linda Buhr will continue striving for excellence in her job with the integrity and caring she learned as a child in a region that is committed to maintaining the very same values.

Integrity, Caring & Excellence . . . behi



Allan & Pat McFarlane

If a movie has only actors and actresses – and no directors, producers, make-up artists or behind-the-scenes workers - it's not likely to win any Oscars. That's how many may view certain "behind the scene" jobs in health care. While some days Pat McFarlane may not see many patients face-to-face, she knows that the work she does has a direct impact on their health.

Pat McFarlane has the ideal job - for her. This self-declared perfectionist loves to clean, and Pat's position as a housekeeping aide has suited her so well that she's kept the job for nearly 24 years. So what's her secret to staying in the same job for that long? "You've got to like cleaning, and you've got to have the work ethic," Pat says. "You actually have to take a little pride in your work to make that job work for you. If you're going to do a job, you do it well." The beneficiaries of Pat's attention to detail have been the residents and staff at Boyne Lodge, a 70-bed personal care home in Carman. Pat and most of her co-workers live in Carman, and their connection to the town and its people inspire them to add a personal touch to their work. "With us being a small town, you either know the residents' families or you know them personally," Pat said. "I think the compassion that the staff have for the residents here really shines through."

Although the less fastidious among us may find it hard to imagine, Pat has no problem cleaning her own home after a full day at work, and brings the same level of care to both tasks. "I'm very much a clean freak - I like to see things clean," said Pat. "When I do the clients' rooms, I like to think of it as my own house, and do it to the best of my ability within the time available."

Not surprisingly, the efforts of Pat and the two others on her housekeeping team don't go unnoticed. "We get appreciation from the staff, and the residents often comment on the job we're doing. Sometimes their families will also echo their appreciation," Pat said.

Throughout her decades on the job, Pat has never minded heavy cleaning but always tries to keep the mood light. "Quite a few of our staff around here like to be jokesters," she says. "You have to have a little bit of fun at work - it kind of keeps you going."

In addition to cleaning, the housekeepers at Boyne Lodge play another important role by simply giving the care home residents some company. "Some of them like to chat and will stick around if they know you're coming. They'll meet you in the hall in the morning, and they'll see you coming and wait for you," said Pat. "A lot of the residents don't get a lot of company, so it helps them to move their day along. To me, that is the ultimate which makes it all worth it."

A story of hope and healing...

Rae's story

Rae Rankin

On Easter Monday of this year, Rae Rankin flew out from Québec to visit her sister in Morden, Manitoba. Although her stay was brief, she unexpectedly found solace in Morden for a sorrow that had stayed with her for more than two decades.

Complications during a post-term pregnancy 23 years ago had resulted in the loss of Bryanna, her first child. At that time, Rankin and her husband Marc Tremblay did not have the opportunity to openly acknowledge, grieve, and bid farewell to their daughter in a community of faith. "The notion of losing an infant was so foreign and uncomfortable for our friends and family that we were prevented from truly doing that which we both needed to do in order to begin the healing process and move on," Rankin said.

While she was visiting her sister this spring, Rankin happened to notice a bulletin for a Boundary Trails Health Centre (BTHC) memorial service for anyone who had experienced a pregnancy loss or early infant death. The service was planned by Reverend Ron Falk, BTHC's Spiritual Care Coordinator.

The day after the commemoration, Rankin was moved to write a letter of thanks to the BTHC, commending Reverend Falk and his colleagues for their integrity and care in putting the ceremony together. "(You) did a superb job of creating an atmosphere of compassion, acceptance, and hope," she wrote. "It was a beautiful ceremony with so many symbolic gestures. It was moving, validating, and tasteful."

The program which helped Rae Rankin is organized and financed by Boundary Trails Health Centre Foundation, a group of committed individuals from communities and municipalities in the Morden/Winkler area. The Foundation pays for salary and programming of the Palliative Care and Pastoral Care Program for Boundary Trails Health Centre. Over the years, they have provided equipment, education dollars for staff, and overall support for the happenings within the hospital.

Rankin emphasizes the importance of continuing these services in the future. She is quick to share that they are an invaluable tribute that may very well save dollars in mental health care. Above all, she is grateful for the chance to bring a sense of closure to Bryanna's passing. "Although time helps to heal wounds, one never forgets a loss of this magnitude," Rankin said. "Despite having named her, having a grave marker and acknowledging her place as firstborn in our family, I now feel that we have finally done her justice."

Rae Rankin kept mementos of the service - the rose, the serviette, the bulletin and the notes she'd made about the significant things that were said. She shared the experience with her husband when she returned home and, shortly afterward, with their whole family at an anniversary dinner. While there was not a dry eye around the table, Rae describes how this moment in time brought her closure, hope and healing ...

Beyond classroom walls...

A Caring and Supporting Organization

Tanya Doucette

Tanya Doucette had no idea when she called her dad that morning, that it would be their last conversation. She called to tell him about her exam marks in the "Health Care Aide Challenge Program" she was taking in via Robertson College and Telehealth.

"He was so proud and happy for me," said Tanya. "I am so grateful to have laughed with him (that day) because the days, weeks and months following that day were nothing short of unbearable."

Tanya moved to Manitoba from Nova Scotia more than a decade ago, but always kept in close touch with her dad. She was taking the Challenge Program, a highly-condensed version of the full Health Care Aide Program so she could be certified and continue her job with RHA Central as a Health Care Aide at the Rock Lake Personal Care home. She called her dad in the morning to tell him about her newly posted exam marks. Later in the day, Tanya was shocked to hear the news of his passing, and immediately made plans to fly home. She was scheduled to write another exam that same evening and posted the following on her blog:

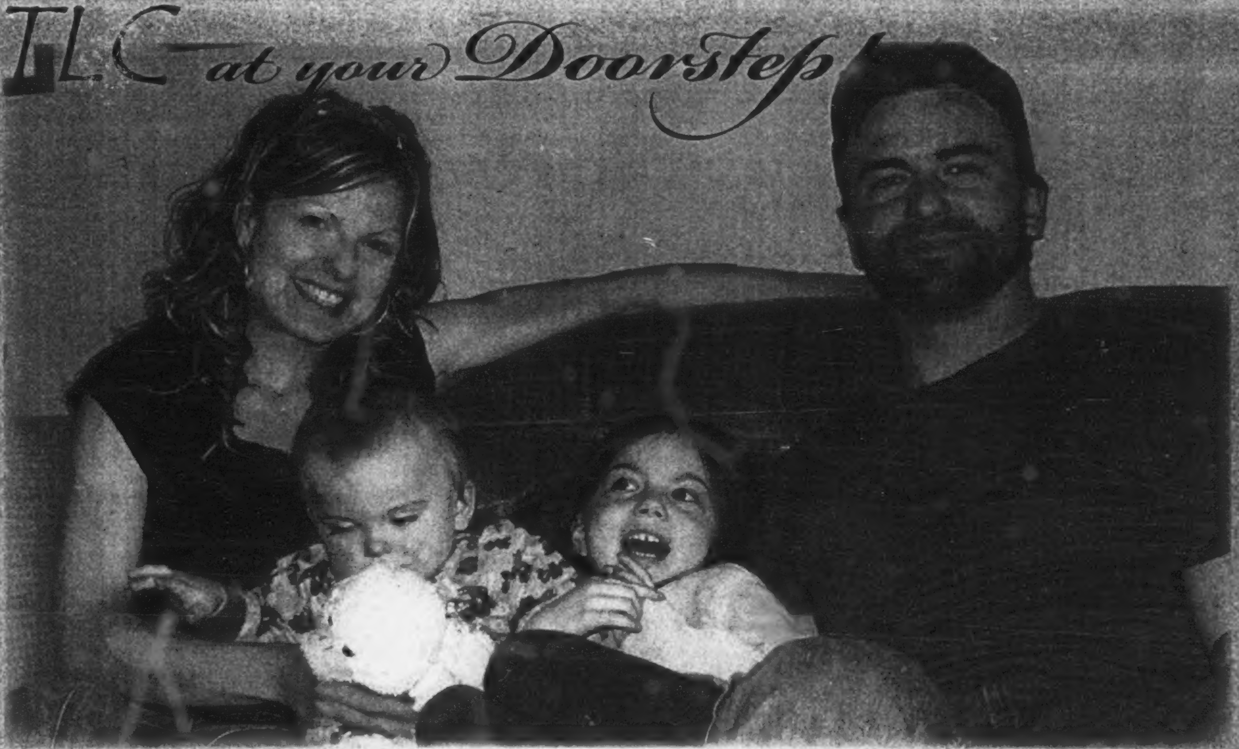
"For me... I have an exam for school. Do I want to go?? No but I think I will go and write it. Dad will be there to help me get through and then if I miss some while I am gone home I will not feel like I would have so much to catch up on. I will have his pocket watch with me so he is close. I am prepared enough to write so why should I wait till Monday?"

Throughout the weeks and months that followed, Tanya felt her dad's presence, but was also very grateful for RHA staff who supported and assisted her to complete the course she had started. "I really thought I'd have to drop out," she said. "But they really understood the situation and were fantastic." Tanya was allowed to write the three exams she missed during the time she spent 'back home' and there was always a volunteer to supervise when she was ready. "There were so many people who helped me and guided me through tough times," she said. "They helped me stay focused with my studies as my dad would have wanted me to."

Tanya said the Challenge Program has been very helpful in her work. She learned a lot that she didn't know from her experience working in the facility. "I would have had to drop out if they hadn't been so flexible," she said. A requirement of her job was to get the certification within two years of beginning work as at health care aide.

"I know my dad was with me throughout the whole course, guiding me," said Tanya. "I am grateful for that and for the support of so many that surrounded me."

TLC at your Doorstep



Jen Blatz of Altona, mother of two, talks about how significant the RHA Central's Resource Centre and Families First Program has been to her family ...

I have two kids: Savannah is just over 4 and Griffin is 15 months. He's a busy little guy - he's a boy! When Savannah was born, the health nurse stopped in to weigh her and make sure everything was OK and she asked if I was interested in a home visitor through an RHA Central program called "Families First". The program has a curriculum - almost like a "school for parents", teaching what children should be doing at certain ages, health hazards and things like that. It's a support for moms who are home with their kids, so I said yes to that.

Since Savannah was less than a month old, Donita (home visitor) has stopped by my house every week for a few hours. We'll talk about parenting, things she did when her kids were little, and we'll always refer back to the curriculum. I'm very happy with the whole program. I've been doing it for four years and I've always said to my friends who are having kids: when the health nurse comes and offers you that program - take it! It is really nice to have that person to call. At one point when I was working full time, Donita even came down to visit me during some evenings because that worked better. My kids love her - they are so comfortable with her, and it's so nice to know the advice is just a phone call away.

When Savannah was a year old, we took part in a program in Altona called *Rock and Read*. The program was offered by the Family Resource Centre and Donita was usually there as well. At *Rock and Read*, we sit around in a circle with a whole book of songs and rhymes. In the second half, the program arranges to have people take care of her so that moms can work on a book for their kids in a scrapbooking style. Then we all get together and have a snack and do more rhymes. My husband and I both play guitar, and I play flute and sing. My dad was a huge Beatles fan, so we always had music in our house. Even today, when we play guitar, Griffin is totally silent. He just loves it!

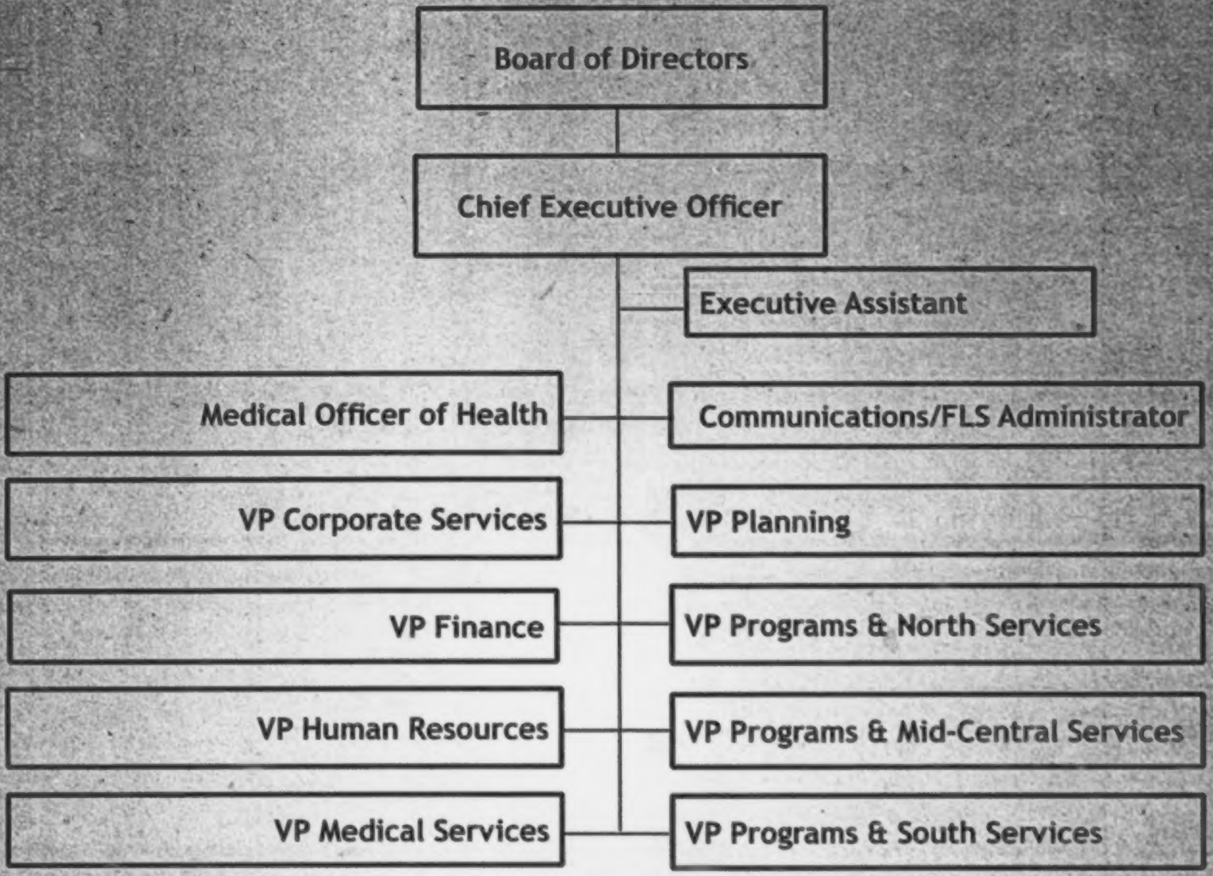
I'm a pretty active person - we do a lot of biking, go to the gym, go for jogs in the morning. I like crafts, doing fix-ups around the house. I'm in the second course of a five-course program leading to a Certificate of Manitoba Municipal Administration - mostly be correspondence. I'm hoping to be done by the time Griffin goes to school.

Today, we drop by the Resource Centre, stay and play for a while. The Centre does crafts with us and they offer a snack. There's also a nice clear area where the kids play together and the moms sit around and have coffee and talk about their kids. Because the Resource Centre also houses the office of the public health nurse, while I'm there, I can also connect with her as needed. The location of the Family Resource Centre is central and is pretty well walking distance wherever you live in Altona! I love it here. There is a good school system and, with all these kinds of family supports, it's really a nice place to raise a family.

“In our work environment, we build a culture of safety by educating to create awareness on safety issues, modelling the way, encouraging clients/patients/staff to ask questions and to Speak up!, reviewing research and applying it to the practice setting to help to create a safe environment, looking at the factors within the system that need to be improved rather than focusing on the "who dit it", having open dialogue and transparency when occurrences and critical incidents and adverse events occur, integrating safety into everyday practices - safety is not done in isolation, living and seizing the moment of opportunity to create safe environments.”

Carman Patient Advocacy Committee

Organization & Advisory Structure


Board of Directors
Chief Executive Officer
Executive Assistant
Medical Officer of Health
Communications/FLS Administrator
VP Corporate Services
VP Planning
VP Finance
VP Programs & North Services
VP Human Resources
VP Programs & Mid-Central Services
VP Medical Services
VP Programs & South Services

This past year, the RHA Central extended well wishes to Helmuth Klassen having served many years within senior management, most remembered for his impressive contributions as Acting CEO (August, 2006-February, 2007). His service throughout the years was very much appreciated.

Always aiming for organizational excellence, the RHA Central continued a review of it's organizational structure.

- The number of "areas" was reduced from four to three and now includes:
    - the North Area with Mary Smith as Vice President Programs and North Services.
    - the Mid-Central Area with Cheryl Harrison as Vice President Programs and Mid-Central Services
    - and the South Area with Ardith Rothwell as Vice President Programs and South Services
- Jane Curtis was appointed to the position of Vice President Planning & Rehab Services.
- The Vice President Medical & Contract Services position was not replaced.
- The Special Projects Officer's reporting relationship moved to the Director of Information Technology to provide greater support in the areas of information management, intranet portal services and regional policy processes.

To accommodate the reduction in senior management positions and leveraging the organization's existing talent, senior management staff took on additional responsibilities such as accountability for specific program reporting at the senior management table. As well, the developing role of Directors of Health Services as it relates to managing their portfolios and increasing expertise in their community liaison roles and the regionalization of several program areas such as Public Health, Mental Health, and Dietitian Services, assisted in making the changes possible.

Health & Support Services

SOUTH [illegible]

	Contract Health Corporations	
Crystal City/	*Prairie View Lodge*	Ginger Collins
Pilot Mound	*Rock Lake Health District Hospital & Personal Care Home*	
Morden	*Tabor Home Inc.*	Sherry Hildebrand
Winkler	*Salem Home Inc.*	Sherry Janzen
	Eden Health Care Services	James Friesen
	Eden Mental Health Centre	Les Zacharias
Altona	Director of Health Services - Altona	Edith Calder
	Altona Community Memorial Health Centre	
Manitou	Director of Health Services - Manitou	Linda Pearce
	Pembina Manitou Health Centre	
Morden/Winkler	Director of Health Services - BTHC	Linda Buhr
	Director of Support Services - BTHC	Kristy Radke
	Boundary Trails Health Centre	

NORTH [illegible]

Gladstone	Director of Health Services - Gladstone	JoAnn Egilson
	Seven Regions Health Centre	
MacGregor	Director of Health Services - MacGregor	Sharon Stewart
	MacGregor Health Centre	
Portage	Director of Health Services - Portage	Pat Nodrick
	Director of Support Services - Portage	Terry Hills
	Portage District General Hospital	
	Director of Health Services - Portage Seniors	Marianne Woods
	Douglas Campbell Lodge	
	Lions Prairie Manor	

MID-CENTRAL [illegible]

Carman	Director of Health Services - Carman	Mary Heard
	Carman Memorial Hospital	
	Boyne Valley Lodge	
Emerson	Director of Health Services - Emerson	Paulette Goossen
	Emerson Health Centre	
Morris	Director of Health Services - Morris	Brad Street
	Morris General Hospital	
	Red River Valley Lodge	
Notre Dame	Director of Health Services - Notre Dame	Joyce Kristjansson
	Foyer Notre Dame	
	Notre Dame Hospital	
Rosenort	Director of Health Services - Rosenort	Brad Street
	Rosenort Community Health Centre	
St. Claude	Director of Health Services - St. Claude	Mona Spencer
	St. Claude Health Centre (Hospital/Pavilion)	
Swan Lake	Director of Health Services - Swan Lake	Kristal McKitrick Bazin
	Lorne Memorial Hospital	

Italics - Facility Block letter - Title

Regional Medical Advisory Committee

The Chiefs of Staff from each medical group meet together regularly to monitor reports and to provide direction about medical practice issues, including standards, pharmacy and therapeutics, diagnostics, medical staff by-laws or reviewing credentials and recommending privileges to the Board.

Dr. Denis Fortier, Chair
Dr. Eva Berman-Wong
Dr. Riaan Bester
Dr. Harold Booy
Dr. Shelley Buchan
Dr. Michael Dyck
Dr. David Kinnear
Dr. Ken Kliewer
Dr. Robert Kruk
Dr. Ockie Persson
Connie Gretsinger, Board Medical Liaison
Kathy McPhail, Chief Executive Officer

> “To me, a culture of safety in RHA Central means that clients feel supported in their decisions and respected in all their contacts with the health services in our Region.”
>
> *Stephanie Verhoeven*

Regional Programs

Acute Care - Eileen Vodden
Corporate Commmunications - Lorraine Grenier
Diagnostic Services - Mark Anderson
Disaster Management - Larry Skoglund
Electronic Health Records - Shelley Barnes
Emergency Medical Services - Corene Debreuil
Finance - Ryan Green
Food Services - Lori McFarland
French Language Services - Lorraine Grenier
Health Information/Privacy & Access - Susan Enns
Human Resources
    Aboriginal Employment - Holly Loest
    Labor Relations - Angelique Cusson
    Recruitment & Retention - Jolene Doell
    Workplace Health & Safety - Bev Wood/Cindy Joel
Information Technology - Shaun Twist
    Special Projects - Carol Garnham
Mental Health - Ken Kroeker
Palliative Care - Paulette Goossen
Patient Safety - Shirley Guenther
Payroll - Sheldon Hildebrand
Pharmacy - Shawn Bugden
Physical Resources/Environmental Services - Terry Hills
Public Health/Healthy Living
    Public Health - Stephanie Verhoeven
    Midwifery - Stephanie Verhoeven
    Families First - Grace Klassen
    Healthy Baby/Growing with Mom - Stephanie Verhoeven
    Healthy Living - Jennifer Baker
    Nutrition/Diabetes - Chantelle D'Andrematteo
Quality Improvement/Risk Management - Kristine Hannah
Rehabilitation - Sheila Hay
Seniors' Health - Jan-Marie Graham
Staff Development/Infection Prevention & Control - Kim Dyck

Programs & Services

In collaboration with the community and partners, the RHA Central endeavours to provide access to appropriate services in the appropriate setting as demonstrated by the many programs and services delivered in Central Region. We strive to deliver a seamless continuum of care that supports our clients at every stage of their lives.

Community-Based Services

Communications/Media Relations
- personal health information access

Dietitian Services

Disaster Management

Emergency Medical Services (Ambulance)

Healthy Living
- Healthy Living Together program
- Regional Diabetes Program
- Get Better Together

Home Care Services
- personal care at home
- adult day programs
- respite care
- handivan services
- Meals on Wheels
- home equipment loan
- personal care home assessments and applications
- Services to Seniors - congregate meal programs
- Supports for Seniors in Group Living

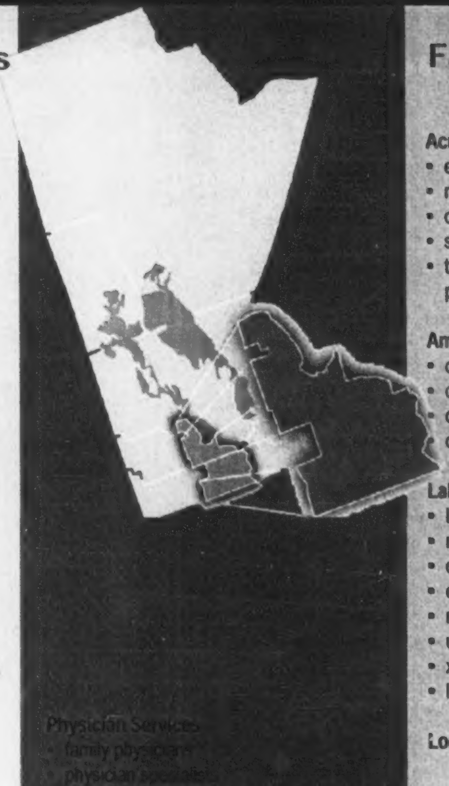
Mental Health
- adult counselling services
- adult inpatient psychiatric treatment (Eden Mental Health Centre)
- out-patient psychiatry services
- child & adolescent services
- mental health crisis team services
- safehouse
- employment support services
- housing support services
- intensive case management services
- self help services (MB Schizophrenia Society, Canadian Mental Health Assoc., Anxiety Disorders Assoc., Mood Disorders Assoc.)
- seniors mental health services

Midwifery

Palliative Care

Patient Safety Services

Pharmacy



Physician Services
- family physicians
- physician specialists
- Medical Officer of Health

Public Health Services
- public health nursing services
  - communicable disease prevention & control
  - immunization/child health clinic
  - postpartum & breastfeeding support
  - prenatal education
  - reproductive health
  - school health
  - travel health/occupational health
- Families First home visiting program
- Healthy Baby services (Growing with Mom)

Rehabilitation
- audiology
- occupational therapy
- physiotherapy
- speech language therapy

Support Services

Facility-Based Services

Acute Care
- emergency and intensive care
- medical care
- obstetrical care
- surgery
- transitional care (for clients who are waiting for placement in a long term care facility)

Ambulatory Care
- chemotherapy
- dialysis (hemodialysis)
- child development clinic
- ostomy clinic

Lab & Imaging Services
- breast screening
- mammography
- computed tomography (CT Scans)
- electrocardiogram (ECG)
- magnetic resonance imaging (MRI)
- ultrasound
- x-ray
- laboratory

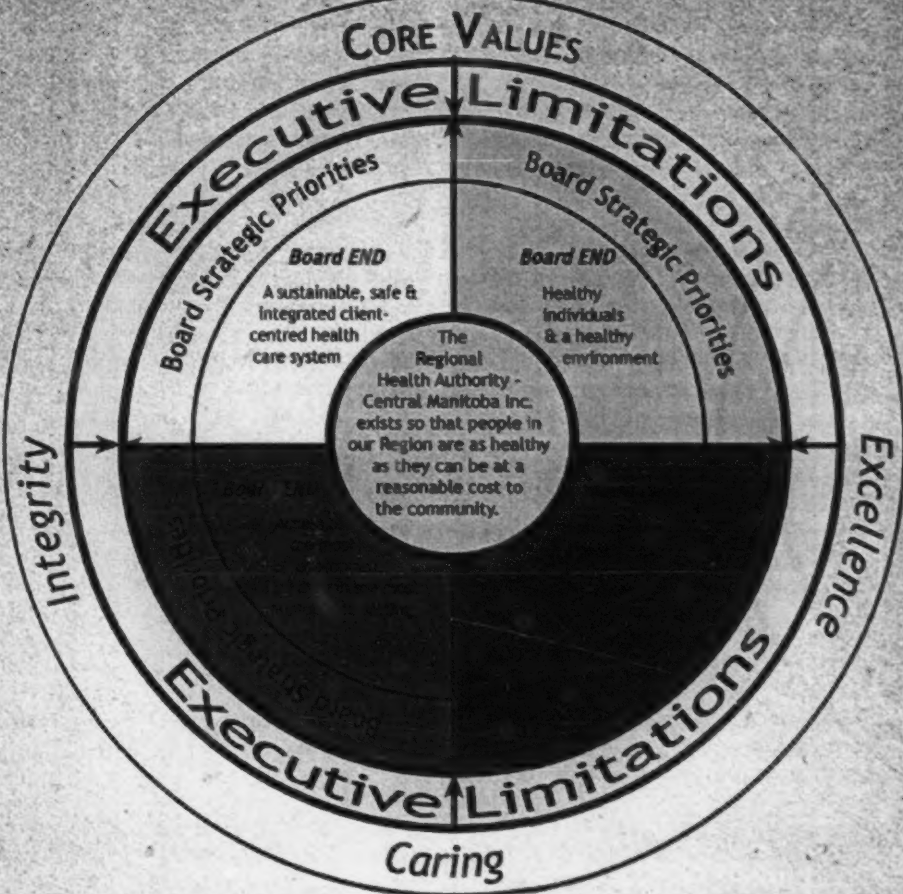
Long Term Care Services - Personal Care Homes

Contract Health Corporations

Eden Health Care Services
Eden Mental Health Centre
Prairie View Lodge
Rock Lake Health District Hospital
Rock Lake Health District Personal Care Home
Salem Home Inc.
Tabor Home Inc.

For information on how to access these or other programs and services available in Central Region, visit: www.rha-central.mb.ca or speak with your local physician or public health nurse.

Integrated Strategic and Performance Accountability Wheel


CORE VALUES
Executive Limitations
Board Strategic Priorities
Board END
A sustainable, safe & integrated client-centred health care system
Board Strategic Priorities
Board END
Healthy individuals & a healthy environment
The Regional Health Authority - Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.
Integrity
Excellence
Executive Limitations
Caring

The Integrated Strategic Performance and Accountability Wheel is a conceptual framework that depicts strategy, balance and integration among key dimensions of organizational performance.

Strategic Planning and Board ENDs development is a dynamic process in RHA Central. The Board ENDs enunciated in the 2006-2011 Strategic Plan derive from consultations with the community including the 2004 Community Health Assessment. There was also an understanding that the strategic plan was nevertheless a "living document" to be revisited and adjusted throughout the planning period to reflect the internal and external influences that impact on our activities. In the context of the current environment, the RHA Central Board of Directors has, in the past two years, given careful consideration to its Board ENDs in terms of expressing a more cohesive and 'balanced' view of the RHA Central's purpose relative to the responsibilities and authority conferred upon it by government.

Manitoba Health and Healthy Living (MHHL) Vision and mission served as a backdrop to this reflective process:

> "Healthy Manitobans through an appropriate balance of prevention and care.
> It is the Mission of MHHL "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time".

Without losing sight of the statement of purpose, "The Regional Health Authority - Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community." Board ENDs were completely changed to provide greater strategic focus. There are now four Board ENDs and from each Board End flow several key Board Strategic Priorities. The concept is demonstrated in the integrated strategic performance and accountability wheel.

At the very heart of the circle is the Statement of Purpose declaring our organization's reason for being - why it exists. As articulated by the Board of Directors, and from this central purpose, radiate our Board ENDs which prescribe organizational achievement in four focused yet comprehensive quadrants:

- Healthy individuals and a healthy environment
- A healthy, responsive and innovative organization
- Access to the most appropriate care in the most appropriate setting
- A sustainable, safe and integrated client-centred health care system.

The Board further establishes broad-level control by defining specific Board Strategic Priorities. While addressing a long-term perspective, Board Strategic Priorities create an agenda for action that reflects areas of primary concern within the current environment and are therefore subject to constant review by the Board.

The CEO and staff are then empowered to translate the Board's Strategic Priorities into action plans, Strategic Initiatives and to align their operational practices to these priorities. To enhance accountability in this planning process, specific performance measures are identified and set according to desired targets of achievement. Organizational performance is then reported based on the identified measurements and targets in relation to the Board's Strategic Priorities.

Executive Limitations

The arrows which illustrate an inward direction within the Executive Limitations circle, invoke a cautionary note within the framework. The Board's Executive Limitations policies delineate the broad limits within which the Action Plans and Strategic Initiatives can be designed and operationalized across the organization. Applicable to all practices and activities in the organization, the Executive Limitations are embedded into the overall risk management process.

Core Values

The outermost circle illustrates the RHA Central core values of Integrity, Caring and Excellence. Figuratively, the core values circle embraces the whole organization and establishes the ethical foundation upon which strategic decision-making rests. Through the journey from the inner to the outer circle, our core values guide our behaviour and shape the strategies pursued and influence what we do, why we do it and how we do it.

With this work in progress, the organization has begun the realignment of its action plans to the revised Board ENDs and Strategic Priorities. Accordingly, the following pages highlight some of RHA Central's major initiatives and accomplishments over the last year, including some of the critical success factors and strategies.

Our Performance Story 2008-2009

Healthy individuals and a healthy environment

Board Strategic Priorities

1. Reduce incidences of health risk factors preventable illness, death and injury
2. Awareness and demonstration of healthy lifestyle behaviours
3. Individuals independent and active as long as possible
4. A supportive network within the community
5. Individuals supported in their care-giving roles

Strategic Plans, Success Factors & Anticipated Results

- Endeavoring to reduce long-term number of attempted and completed suicides in Central Region.
- Developing a strategic approach in the provision of mental health education promotion for RHA Central communities and staff.
- Creating an Injury Prevention Strategy and Program based on evidence and in partnership with stakeholders.
- Striving to reduce falls/injuries and resulting hospitalizations related to unsafe conditions in the living environment.
- Incorporating preschool oral health and prevention of early dental caries within health promotion and chronic disease prevention. (Link to children)
- Engaging in partnerships for risk factor surveillance data collection and sharing to inform community, school and health service planning.
- Facilitating partnership building with women and communities. Wellness events organized using a consultative approach with community partners to provide education sessions, group and individual and facilitate a variety of women's health screening programs.
- As per Accreditation Canada recommendations, establishing benchmarks in consultation with CancerCare Manitoba for preventative and screening interventions.
- Collaborative planning to develop strategies and action plans with Healthy Living Program, Women's Program, Child & Adolescent Program, Communicable Disease Working Group-Public Health Practice.
- Increasing public and employee awareness of elder abuse and decreasing the incidence of elder abuse among those clients receiving care provided.
- Reducing tobacco use by clients.

Performance Results

1. *Reduced incidences of health risk factors preventable illness, death and injury*

- The RHA Central continued to deliver the Applied Suicide Intervention Skills Training (ASIST), a two-day workshop designed to provide practical help for individuals seeking to prevent the immediate risk of suicide throughout the region in 08-09. SAFETALK sessions were delivered throughout region upon request.
- A home safety program was piloted in Pilot Mound/Crystal City. EMS and Services to Seniors provided home safety checks related to falls risks and hazards upon request from community members.
- RHA Central continues to offer a variety of farm safety programs in the Region. In 2008-09:
    a. Farm Safety Days - Gr. 5 students - Garden Valley and Western School Division, Borderland school divisions.
    b. Farm Safety sessions - Carman school age child-care.
    c. Farm Safety Day held in Somerset on June 3, 2008. Open to grades 5-8 students in the area including Hutterian communities and the Swan Lake First Nation with 118 students in attendance.

2. *Awareness and demonstration of healthy lifestyle behaviours*

- The Regional Youth Health Survey (YHS) report which provides baseline regional information on modifiable risk factors in youth was posted on the RHA Central website for staff and public information. School specific Youth Health Survey reports were distributed to individual schools for their use. There are 10 school divisions wholly or partly within Central's boundaries and 98 schools that have students in Grades 6 to 12, including 42 Hutterite colony schools. About 76% of students in the Region responded to the voluntary youth health survey. Survey data was compiled by CancerCare Manitoba, which also did the initial analysis and reports. In collaboration with communities, workshops are planned for 2009-10 to review the YHS report and facilitate community action plans.
- Training and support in the use of the provincial Healthy Smile, Happy Child Resource was provided to 107 multi-sector preschool service providers. This kit is designed to be used by anyone working with young children and families.
- Preschool Wellness Fair Collaborative Planning Guidelines were reviewed by the Intersectoral working group - (Health, Education, Family Services & Housing, and Healthy Child Coalition). With positive feedback from community planning teams who used the guidelines. Preschool Wellness Fairs continue to be held in communities across the Region.
- The *Table de concertation régionale du Centre* has undertaken a Smoking Prevention and follow up Project for the francophone communities of Notre Dame de Lourdes, St. Claude, St. Jean Baptiste, and with standing invitation to the community of Somerset. The purpose of a longitudinal study would be to determine over time (10-15 yrs) whether ongoing prevention education (at least 1x annual visit to schools) helps children and adolescents make health choices related to smoking.
- With allocation of new Manitoba Healthy & Healthy Living funding, Healthy Living Program Facilitator positions were initiated in Central Region.

3. *Individuals independent and active as long as possible*

- Ongoing 5-year Healthy Living Together/Chronic Disease Prevention Initiative (CDPI) projects with completion of year 4 for Sandy Bay and Altona, and completion of year 3 for Winkler:
    - Development of CD/DVD highlighting RHA Central risk factor data and community activities for multi-faceted use with and by communities
    - Four community workshops held as part of Healthy Living Together training plan, on communication strategies, planning and evaluation, volunteer retention and working with committees .
    - Collaborative planning with Physician Integrated Network (PIN) Dietitians in Winkler and Morden to promote service integration for chronic disease prevention and management.
    - Active Living Consultant (certified trainer with MFC) funded through the Winkler CDPI funding, working 2 days week in Dr. C.W. Wiebe Clinic in Winkler partnering with the Physician Integrated Network Project and links to Chronic Disease Prevention Initiative.

- One-year Healthy Living Together projects completed in MacGregor, Morris, Pilot Mound and Notre Dame de Lourdes. One-year project in progress in Portage la Prairie.
- Get Better Together chronic disease self-management sessions offered in Central Region communities with 11 new leaders trained, plus 2 master trainers.
- Chronic Disease Prevention Initiative (CDPI) community stories (Altona, Winkler, Sandy Bay) launched on the Health In Common website as part of the media goal for the CDPI training plan.
- Many features of CDPI, Get Better Together and Physician Integrated Network (PIN) Project outcomes in regional public newsletter "Healthy as can be!".

4. A supportive network within the community

- Camp Bridges, sponsored by the Assiniboine, Brandon and Central Regional Health Authorities palliative care programs, provides a safe, accepting atmosphere to children aged 7-17 who are grieving. The main goal of the Camp is to help address the gap in bereavement services for children and teens and this can be achieved through activities designed to help share grief, and honour memories in a caring community environment. This year, it was held at the Pembina Valley Bible Camp with 32 campers and 17 volunteers.
- There are 20 Congregate Meal Programs in Central Region. The Congregate meal program expanded to the community of La Rivière and Gladstone.
- In July 2008, Support for Seniors in Group Living (SSGL) was commenced in Manitou. This program in conjunction with Service to Seniors enables community residents to remain in their homes longer. Meals are delivered, assistance with shopping, running errands and friendly visits are some of the services offered by this new program. This is one of 15 such programs in RHA Central.
- Gladstone Area Seniors Support Program received funding for, and successfully recruited a Seniors Support and Group Living position at Centennial Apartments.
- The Spiritual Care Advisory Committee continues to develop recommendations for the setting of spiritual care priorities and resource co-ordination in Central Region such as the Clinical Pastoral Education Program, seeking to maintain a highly professional level of spiritual care in the institutions.

5. Individuals supported in their care-giving roles

- The Swan Lake First Nation has received funding for a pilot project through First Nations Inuit Health Branch (FNIHB) for the purposes of creating awareness around drug utilization and prevention. A group called the Drug Utilization Prevention and Promotion Working Group consisting of members from the First Nations community as well as the RCMP, School Principal, and Director of Health Services in Swan Lake was formed. Work has been done on prescription usage as well as circulating a list of medications that are covered through FNIHB and could be used instead of the narcotic choices.
- The Foyer Notre Dame continues to provide a companion program to about half of the 60 residents. Families find comfort in knowing one of the 13 companions, which include staff, students and community members.
- In the Municipality of Lorne, students benefit from a comprehensive Healthy Lifestyle Program. Fun activities and prizes are used to win kids over, and special guest speakers have even included a Winnipeg Blue Bomber. One of the driving forces behind the initiative is the Coordinator of Lorne Family Resource Connections, which runs the program in conjunction with the Lorne Recreation District.
- Stakeholder Tables in various communities across the region are supported by the Directors of Health Services. Together, they collaboratively work in examining health issues in their communities and therefore assist in health system planning.

A healthy responsive and innovative organization

Board Strategic Priorities

1. A healthy workplace in RHA Central
2. An appropriate and skilled workforce
3. Healthy Public Policy in RHA Central
4. Timely access to information

Strategic Plans, Success Factors & Anticipated Results

- Implementing policies and tools to guide ethical decision-making, behaviour, and practice throughout the organization. Developing and applying ethics framework in the allocation or reallocation of resources and services and in clinical and organizational decision-making. Developing and applying a research ethics review policy, process and committee.
- Developing aboriginal recruitment strategy.
- Developing education, orientation and training sessions for all staff relative to respectful workplace and cultural sensitivity.
- Developing employee wellness and attendance management programs.
- Expanding employee recognition program.
- Continuing management development training
- Utilizing internal and external resources (EAP) to provide educational and training sessions for our staff.
- Continuing to develop job descriptions, testing tools and performance appraisals based on identified competencies
- Continuing recruitment efforts such as the bursary program, lobbying for educational programs in Region, recruiting at universities, colleges, attending career fairs and continuing advertising.
- Improving functionality and utilization of Human Resource Information System-QHR.
- Continuing efforts in recruitment and retention of bilingual (francophone) health care workers and providing opportunities for RHA employees to enhance their skills in French.
- Developing an RHA communications plan to communicate the organization's role and services to the community.
- Supporting the development of a sustainable, secure and integrated Administration Support System and Electronic Health Record that allows the appropriate access to client information for the necessary health providers and health agencies through the introduction of Information Technology.
- Ongoing development and maintenance of the Region's Local Area Networks (LAN) and Wide Area Networks (WAN).
- Preparing for Provincial Client Registry and RIS/PACS Projects, upgrade and rollout the interim legacy ADT system to 8 acute care sites.
- Replacing of current dictation (voice only) system.
- Planning for and implementing a Rural Procura Home Care Scheduling Project.
- Developing and Implementing a Healthy Workplace Food Choice Policy.
- Developing breastfeeding practice policy & guidelines and implementing an education plan for healthcare providers, women, and the community-at-large relating to breastfeeding.
- Developing and implementing an infant nutrition strategy.
- Developing Healthy Living Resource Tool kit to coordinate internal and external resources for RHA staff and community capacity building.
- Collaborating with schools to provide health promotion and chronic disease prevention information.
- Developing a standardized surgical suite training program for nurses in the Region.
- Psychiatrists providing education for physicians, health care professionals and partner agency staff regarding the Mental Health Act & other topics as requested.

1. *A healthy workplace in RHA Central*

- Portage District General Hospital was a pilot site for regional implementation of the policy and guidelines on Healthy Food Choices - Cafeteria, Vending and Catering. The guidelines are based on Manitoba's school nutrition policy, which in turn, is based on Canada's Food Guide to Healthy Eating. The process and outcomes will be evaluated to provide valuable insight and guidance as we move towards a healthier workplace.
- Each year the University of Manitoba - Faculty of Nursing acknowledges student placement sites that have distinguished themselves for their welcoming environment, positive role models for professional behaviour and practice, enthusiasm for student learning and high quality learning experiences. This year, Boundary Trails Health Centre was among the list of honourees for outstanding Contribution to Nursing Education in 2007-08
- As part of our partnership with the Manitoba Tobacco Reduction Alliance (MANTRA), a Health Behavior Change workshop was conducted at Boundary Trails Health Centre (BTHC). As well, Quit Happens workplace smoking cessation initiative was implemented at the Portage Development Centre. The Smoker's Helpline Resource was promoted throughout the Region.
- RHA Central has been awarded a $200,000 Community Initiatives Grant from the Workers Compensation Board to implement a study and introduce initiatives relative to musculoskeletal injuries of employees in our Home Care sector. Workplace injuries, mostly related to lifts and transfers, have increased significantly in RHA Central and throughout the province in Home Care and it is hoped that the results of this study and resulting initiatives will positively address this matter.
- Development and introduction of a regional, formalized Return to Work Program for ill or injured employees is in place.
- The RHA Central's Regional Employee Wellness Committee's purpose is to assist employees by finding out what their needs are and promoting healthy practises and lifestyles in the workplace. The committee continues to promote activities such as maintaining a regular walking program, choosing healthy foods, and how to quit smoking.
- The Staff Reward and Recognition program has evolved into components that are designed to recognize staff from the day they join our organization until the day they retire.
- To promote culturally sensitive health care in RHA Central, education sessions have been developed and presented. Diversity Awareness is part of Regional General Orientation for all new employees as well as a core competency in revised Performance Appraisal program. 525 staff attended cultural diversity education sessions in 2008/09 and 548 staff attended respectful workplace education sessions in 2008/09.

2. *An appropriate and skilled workforce*

- The RHA Central continues to develop Management Training Programs which cover issues such as performance management, budgeting, dealing with conflict in the workplace, employee development.
- The RHA continues to enhance employee recognition programs for example:
  - Recognizes long service employees with service pins and gifts
  - Gifts and function for retiring employees
  - Sector recognition of employee groups - Support, Professional/Technical and Nursing
  - Quality Service Awards for peer nominated employees
- The RHA Central has developed return of work programs which assist ill and injured employees back to the workplace. Accommodation is made for employees disability in cooperation with employee, medical advisor, insurance carrier, union and employer.
- In November, 2008, RHA Central was invited along with 3 other RHAs to go to the Philippines as part of a nurse recruitment initiative funded by the Province of Manitoba. Most of the 36 nurses recruited for Central Region arrived in April 2009 and will work in a variety of sites across the Region.
- To improve access to primary care services, the Altona and Notre Dame Clinics have participated in introducing the concept of office practices re-engineering or Advanced Access. Advanced Access, a comprehensive approach to effective patient care delivery is about organizing clinic practices

so that patients can see a physician or other practitioner at a time and date that is convenient for them.

- Central Region staff completed the first of three annual education sessions on the P.I.E.C.E.S. program. "Putting the P.I.E.C.E.S. Together" represents assessing the Physical, Intellectual, Emotional, Capabilities, Environment, and Social health of the individual. This provides a consistent problem-solving approach to issues often encountered in care facilities. In reviewing and then assessing what has changed in the individual, it is hoped that no aspect or "piece" is missed.
- In partnership with Portage Collegiate Institute (PCI), ten students are participating in the RHA Central Aboriginal Health High School Internship program, a new internship program for aboriginal youth to get an inside look at various areas of health care. To inspire aboriginal students in the area to actively pursue a career in the healthcare industry, the students from Portage Collegiate Institute (PCI) experience orientation and job shadowing in diverse areas of health care.
- RHA Central will be one of the EMS training sites for the Primary Paramedic Level care provider certificate course run through Red River College in 2009/10.
- RHA Central continues to work with the *Conseil communauté en santé* to enhance French language training opportunities in the hopes of increasing registrations. In 2008-2009, a total of 22 staff members participated in French language training.
- In partnership with RHA Central and MBTelehealth, the Robertson College Health Care Aide (HCA) challenge course graduated 75 students in 2008.
- A breast feeding self-learning module for nurses working with obstetrics and in public health was developed and implemented.
- In updating and implementing its Strategic Direction Plan, the Rock Lake Health District has started a recruitment and retention initiative "Growing our own Workforce" with positive outcomes. Two RN's and one LPN have completed their upgrades and further training and filled vacant positions and two staff will graduate next year in the LPN training program.
- Facilities continue to participate in the Youth Internship Program with their local high-schools. The students can earn a ½ credit for 150 hours working (partnered with health care staff) as well as gain exposure to healthcare careers.

3. *Healthy Public Policy in RHA Central*

- The RHA Central has been hosting the CMA Physician Manager Institute (PMI) Leadership Development Workshops since November 2006 and continued with two events in 2008-09.The PMI Program offers a focused, results-oriented approach to learning.
- A Healthy Living Resource Tool kit for RHA Central staff and community capacity building was developed.

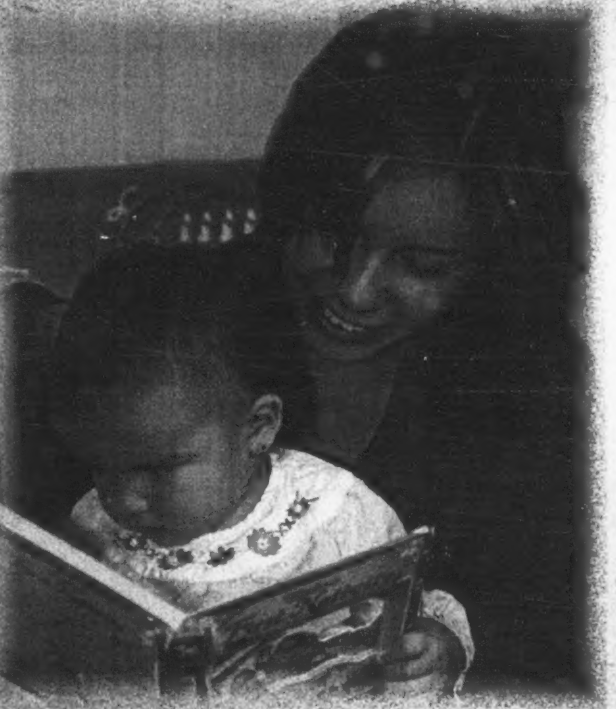
4. *Timely access to information*

- Access was made available to all employees of RHA - Central Manitoba Inc. to the Neil John MacLean Health Sciences Library at the University of Manitoba. The Library provides information services to staff working in Regional Health Authorities throughout Manitoba based on an agreement with the Regional Health Authorities of Manitoba (RHAM). This service is intended as an outreach program to provide health care professionals working throughout the province with better access to quality health care information.
- To offer timely access to information, the monthly school nutrition newsletter "Smart Eating Makes the Grade," was re-developed for posting on RHA website in partnership with Education sector for distribution within school newsletters and parent information. Dietitian support to local school divisions for implementation of Manitoba school nutrition guidelines was offered.
- The first building blocks of an EHR (electronic health record) foundation in acute care were initiated in Central Region. The landscape of client intake within all acute care facilities across the region has now been automated and standardized. This project saw the realization of an upgrade to the Medipatient+ application at the regional facilities and a roll out to the remainder of the acute care sites with training being provided to a multi-stakeholder audience. One of the most important aspects to this project was the inclusion of the first provincial EHR building block, the Client Registry. The Provincial Client Registry Project and the Interim ADT Version Upgrade & Rollout Project were completed within defined timeframes. The Voice Replacement Project Dictation System was completed in acute care sites across the region.
- RHA Central launched Intranet Portal Services - an on-line resource developed to provide staff with access to the up-to-date information needed in the Reference Library of published information.

In the fall of 2008, the Region introduced it's Intranet Portal Service

- A method to provide a single source for staff to access, new and revised, regional Policy, Procedures and Guidelines developed and published by Regional Teams
- Means to share and receive relevant, current announcements
- Less mass email
- Confidence that staff have the latest document versions
- Improved access to required templates and work tools
- A central location to work collaboratively with members of a practice team or work group

- The Morris Hospital health information services department completed a 30-month review and revision of practice standards. The end result has seen tremendous improvements in the flow and access of personal health information.
- A draft Children's Services Resource Directory to facilitate service linkages was compiled.
- Continue to develop a reliable, secure and sustainable regional infrastructure as the foundation for all Electronic Health Record components with 63% of sites meet LAN architectural standard, 96% of sites meet WAN architectural standard, 58% of sites with PDN connectivity, 58% of sites with wide area network connectivity service.



> "To me, a culture of safety in RHA Central means the attitudes, beliefs, perceptions and values that employees share in relation to safety."
>
> *Shirley Guenther*

Access to the most appropriate care in the most appropriate settings

Board Strategic Priorities

1. Culturally sensitive health care in RHA Central
2. Timely and effective access to care
3. Collaboration across jurisdictions
4. Client satisfaction
5. Community engagement and partnership

Strategic Plans, Success Factors & Anticipated Results

- Adjusting scope and design of services as a result of utilization assessments to meet client needs based on evidence and best practice.
- Improving appropriate utilization of emergency rooms throughout the Region.
- Reviewing and developing a plan for scope of services and resources required for all four surgical sites.
- Improving access to patient related consultation and reducing administrative costs through the expansion of TeleHealth services throughout the Region.
- Integrating the Primary Health Care principles into the design, delivery and evaluation of health services and programs in Central Region.
- Facilitating care provision through integrated multi-disciplinary teams with the introduction of Nurse Practitioners in multi-disciplinary settings and implementing a Teen Clinic.
- Identifying, planning and implementing a regional primary health care service delivery model to improve access to French Language Services.
- Developing and implementing audit tools for individuals accessing emergency rooms for mental health crisis.
- Continuing to build relationships with Aboriginal communities and people in RHA Central.
- Developing an Aboriginal Human Resources Strategy as part of the regional Human Resources Strategy.
- Developing and delivering cultural awareness education to staff throughout the Region.
- Building sustainability and vitality for French language services by linking and combining our resources and strengths in the francophone community throughout the region and the province.
- Creating a Chronic Disease Strategy to increase the percentage of the population who access appropriate services related to chronic disease management.
- Providing families with access to information and services to promote healthy growth and development with early identification of their child's needs.
- Developing and implementing a coordinated Pre-School Wellness Fair program with screening for 3-5 year olds within identified target communities/populations in Central Region.
- Working with care providers to increase capacity and promote evidence-based prevention, care, and treatment of clients at risk for, or living with Diabetes .
- Providing co-ordinated, regionally-based, inter-sectoral therapy services through the model developed by the Children's Therapy Initiative - Central Region (CTI-C).
- Developing plan for implementation of the I HEAR (Infant Hearing Early Assessment & Referral) program within the Region.
- Collaborating with Healthy Child Coalition for planning - training and implementation of the Triple P Program.
- Completing Province of MB Client Satisfaction Survey every two years for Mental Health Services.

- Implementing the Healthy Smiles, Happy Child .
- Working in partnership with schools to develop healthy living initiatives in the areas of healthy eating, physical activity, mental health, substance use and addictions and reproductive health.
- Developing, distributing, and analyzing client satisfaction survey for Home Care clients,
- Developing a contact guide list of available resource supports within each community.
- Increasing affordable housing options for seniors with appropriate supports relevant to their needs resulting in lowering personal care home (PCH) bed requirements for level 1 and 2N applicants.
- Developing community options and services to support clients to age in place.
- Supporting community initiatives that promote healthy living and prevent chronic disease:

Performance Results

1. *Culturally sensitive health care in RHA Central*

- The Aboriginal Health Transition Fund initiative is designed to improve the coordination of health services offered by the provinces and territories and those funded by the federal government for Aboriginal people in Canada. Funded under the Adaptation envelope the main purpose is to close the gap of poor health status among First Nations & Métis comparatively to other Canadians and to assist Aboriginal clients and their families navigate the health care system. An Aboriginal Health Coordinator (AHTF) and Assistant Coordinator for the RHA Central Manitoba Inc. were hired as part of the project, to conduct community consultations and surveys and to steer the initiative. Support workers were hired and are in place, community consultations are also underway, all as part of the Federal/Provincial transition project.
- New Manitoba Health and Healthy Living funding allocated to increase community dieticians and Diabetes Nurse Educator positions for health promotion and chronic disease prevention and regional diabetes services targeted closer to high risk population groups for collaborative service planning, i.e. First Nations communities. Positions were implemented in spring of 2009,
- Memorandum of Understanding was signed with the Aboriginal Friendship Centre Portage la Prairie to collaboratively support Diabetes prevention and healthy living through directed programming.
- A bilingual Healthy Living Program Facilitator position was created and hired to meet the needs of our Francophone communities.
- Education sessions have been developed to promote culturally sensitive health care. Diversity Awareness is part of Regional General Orientation for all new employees as well as a core competency in revised Performance Appraisal program.
- A staff development opportunity in gender based analysis was provided to program teams.
- A Board member is appointed as a representative on the provincial Aboriginal Advisory Committee.

2. *Timely and effective access to care*

- In partnership with the Portage la Prairie School Division, Manitoba Health and Healthy Living, Manitoba Education, Citizenship and Youth, and the Addictions Foundation of Manitoba, the Portage Collegiate Teen Clinic, a dedicated primary health-care centre at Portage Collegiate Institute was opened in early 2009. The clinic provides a supportive and confidential environment where teens can access timely health care at no cost. A nurse practitioner, public health nurse, Addictions Foundation Manitoba addictions counselor, mental health worker, and a dietitian are all servicing the new clinic, in partnership with school staff.
- The Minister of Health visited Portage District General Hospital (PDGH) on July 7th for the official sod turning ceremony for the renovation of the ER and ICU units at the hospital. The $5 million renovation is primarily focused on the ER and include: 4 additional treatment rooms including a negative pressure isolation room, gynecology room and mental health safe room; improved triage area; and new enclosed double ambulance bay. The ICU renovation includes the addition of 2 new observation beds and an isolation room. The expected date for PDGH to move their ER into the newly renovated space is Spring, 2009. Phase II will commence afterwards with renovations to ICU and the front entrance of the hospital with completion targeted for early Fall, 2009.
- Boundary Trails Health Centre Post Anaesthetic Care Unit/Same Day Surgery renovations were completed. This area is now able to accommodate an additional 3 stretchers and 2 recliners.
- RHA Central received funding for additional front line positions in Mental Health. Efforts to standardize our intake processes continue as we move forward with our reorganization of

community mental health services into a regional service model which is integrated with and provided in close partnership with Eden Health Care Services. There are two primary entry points for all community mental health services in the region; one in Portage la Prairie and one in Winkler. Community Mental Health Services in Winkler were relocated from the Eden Mental Health Centre to offices in a community location adjacent to medical and other health services in effort to provide mental health services in locations that promote access in locations close to other health and community services.

- Health Links- Critical Health Factors (CHF) Project completed – program expanded to be offered to all clients in RHA Central region. Health Links -CHF Program brochure and physician fact sheet distributed to all regional physicians and RHA facilities and appropriate programs.
- The regional Palliative Care Program expanded to include 2 part-time Palliative Care Nurses and as well physician services have been enhanced to include additional service time of the Regional Medical Director of Palliative Care. The expansion of this program will enable palliative care clients to have timely and effective access to quality care.
- Capacity of the midwifery services in our region was increased through the hiring of 2 additional full time midwives bringing our current staffing to 5.5 FTE.
- An Ear Nose Throat specialist was hired August 2008 at Portage la Prairie providing surgical services at Portage & District General Hospital in conjunction with Neepawa & Brandon Hospitals
- Dietitian Services were increased to support closer work with high risk population groups including First Nations communities for collaborative service planning.
- Health Links - Congestive Heart Failure pilot project expanded as a program throughout region for increased access to monitoring and self-management for clients with congestive heart failure through telephone contact.
- At the Boundary Trails Health Centre:
    - Expansion of the general surgery slate for endoscopy to address wait times has occurred.
    - To assist with the increase in total joint program, another orthopedic surgeon has been recruited.
    - Mental Health Liaison Nurse Program has been very beneficial and successful.
    - CT renovation and upgrade has been successfully completed.
- Increased OR capacity for scopes at the Carman Memorial Hospital.
- A medical clinic has been established in the community of St. Jean Baptiste effective December 2008 and a bilingual physician was recruited.
- MacGregor Health Centre/Community Services Building has been renovated to provide increased access to dietician services, speech language pathology, mental health, and income assistance to bring these services to our community, allowing timely and effective access to care. Funding for Community Services Expansion project was received from RHA, Town and rural councils, MacGregor Health Centre and North Norfolk Community Foundations.
- MBTelehealth sites are being increasingly used by care providers in all 6 sites in Central Region.

3. *Collaboration across jurisdictions*

- Disaster Management continues to work with local authorities in an effort to ensure a smooth response to significant events. This year both Lions Prairie Manor and Douglas Campbell Lodge exercised a Code Brown (chemical spill) to a Code Green (evacuation) for Lions Prairie and Code Orange (receiving) for Douglas Campbell Lodge. This exercise also included the Portage Fire Department, RCMP and the RHA EMS Department. Other areas have seen the Disaster Management Officer working with municipalities and First Nation communities around pandemic planning and for the Red River Valley, flood planning.
- The program "Across the Generations" geared towards Grade 5 students was piloted to raise awareness about positive impact seniors have in our lives and issues related to elder abuse. "Across the Generations" is a partnership initiative with Healthy Aging and Seniors Secretariat Manitoba.
- With the signing of the Master Agreement and Employee Transition Agreement between Diagnostic Services of Manitoba (DSM) and RHA Central, the transition of approximately 108 laboratory and diagnostic imaging staff to DSM officially occurred in 2008. The region's partnership with DSM will continue in order to ensure that the diagnostic needs of RHA Central patients and programs are being met.
- At the request of Manitoba Health & Healthy Living (MHHL), the Public Health Inspectors are being relocated into Central Region's north & south sites as of Mar 31-09.

- The RHA Central Regional Director Mental Health participates on Provincial Mental Health strategic planning advisory committee in an effort to develop a Provincial Mental Health Plan. A focus group of individuals impacted by mental illness from RHA Central met with co-chairs of Mental Health steering committee to reflect their lived experience.
- Ongoing Intersectoral working groups established for development and implementation of:
  - Portage Teen Clinic
  - Children's Therapy Initiative- Central Region
- Funded by the Canadian Institute of Health Research, a collaborative team from southern Alberta and Manitoba, including members from Central Region, is conducting a research project that will generate information about Low German-speaking Mennonites' beliefs about death and dying.
- The Aboriginal Health Transition Fund (AHTF) is comprised of representatives from First Nation Communities in North RHA Central as well as the Métis community and Portage Friendship Centre. This committee guides the AHTF Project.

4. *Client satisfaction*

- Client satisfaction surveys for prenatal education were drafted over the winter of 2008 and are being implemented in spring 2009. This includes a segment on how well prenatal classes meet the needs of families retrospectively after they have had their babies.
- Recipients of adult, child & adolescent, and inpatient mental health services in RHA Central were invited to provide feedback of services received through 2009 Provincial Client Satisfaction Questionnaire process. General satisfaction meets the 80% benchmark set by the Mental Health Branch.
- The Home Care Client Satisfaction Survey has been completed. 93% of clients surveyed responded positively to the question "I like the services I received from Home Care".

5. *Community engagement and partnership*

- The 10th Annual Healthy Communities Conference "Intergenerational Mental Wellness!" was held in April, 2008 in Notre Dame. One hundred and eighty six people of all ages gathered for this full day conference related to mental health wellness. All 3 speakers were dynamic and motivational. A great time was had by all. Next years conference will be held in Gladstone.
- Consultative meetings were held with: *Conseil communauté en santé*, Foyer Valade, Centre Taché, Diagnostic Services of Manitoba, Santé Sud-Est Health, Villa Youville, Interlake RHA, Assiniboine RHA, WRHA, St. Boniface General Hospital, *Secrétariat des affaires francophones* to discuss partnerships relating to French language Health Services.
- In collaboration with Healthy Child Coalition and community partners the Triple P Program was implemented and training of practitioners across varied disciplines (mental health, public health nurses, Families First home visitors) began in 2008.
- RHA Central participates on several provincial networks for knowledge exchange and shared planning with Manitoba Health and Healthy Living, other Regional Health Authorities and other similar groups.
- RHA Central partnered with Manitoba Health and Healthy Living and the Prairie Women's Health Centre of Excellence to do a community consultation on women's health issues and policy priorities in our Region. The purpose of the consultation was to provide input towards the renewal of The Manitoba Women's Health Strategy and inform RHA Central about the health issues important to women in our Region.
- Swan Lake and St. Claude are working on development of a Wellness Centre Concept for their communities. Fundraising is currently underway in both communities.
- In partnership with the community stakeholder group, RHA Central is exploring the most appropriate care in the most appropriate setting in the Gladstone & Area site.
- RHA Central has developed a service delivery model that builds on the strengths of existing service providers and resources to coordinate available French language services and to build capacity in the organization and in the community, i.e. via *Équipe de santé bilingue*, partnerships and distance technologies. The focus in 2008-2009 was to identify/formalize partnerships. With policies having been approved in principle, meetings were held with external key partners to share our model of delivery and to discuss their willingness to be cited as a partner in the model.
- A partnership between the Town of Morris, RM's of Morris and Montcalm, the Red River Valley

Health Foundation and the RHA resulted in a feasibility study for the construction of a new medical clinic in the town of Morris. The purpose of the clinic would be to increase accessibility, assist in future recruitment of physicians and allied health care professionals and assist in promotion of primary health care. The final report was received in March and the partnership organizations are working on determining next steps based on the findings of the study.

- RHA Central partnerships are strengthened throughout the Region through dialogue in a variety of settings appropriate to the various communities. For example in Altona RHA Central staff meet regularly with various community groups such as the Family Resource Centre; Ebenezer Apartments Board, chair and manager; Clinic Board, Immigration Committee; Chronic Disease Prevention Initiative group; and Ladies Auxiliary; and by establishing the Community Leaders' Forum to discuss the health care needs and delivery of services in the Altona/Rhineland area. This is one example of many such community engagement tables across RHA Central.

We continue to build Partnerships

Contract Health Corporations

Education/School Divisions

E-Health Manitoba

Foundations

Healthy Living Together & Chronic Disease Prevention Initiative Communities

Family Services & Housing

Friendship Centres

Society for Manitobans with Disabilities

Rehab Centre for Children

First Nation Communities

Manitoba Métis Federation

First Nations and Inuit Health Branch

Manitoba Health & Healthy Living

Communities in Central Region

Table de concertation régionale du Centre

Société Santé en Français

Conseil Communauté en Santé (CCS)

Other Regional Health Authorities

Diagnostic Services of Manitoba

Services to Seniors Groups

IMPACT Manitoba

Royal Canadian Mounted Police/Local Police Services

Fire Departments

Manitoba Public Insurance

MBTelehealth

Colleges and Universities in the Province

Employment Resource Centres

CancerCare Manitoba

Children's Aid Society of Manitoba

Women's Shelters

MB Patient Safety Institute and Canadian Patient Safety Institute

Healthy Child Coalition of Manitoba

Age & Opportunity

Francophone Oncology Network

And many other valued partnerships.

> “To me, a culture of safety in RHA Central means that staff are not merely encouraged to work toward change; they take action when it is needed. It was one of our own maintenance staff that discovered a safety issue with beds cotter pin, that staff member took action to correct and communicate the fix to other.”
>
> *Martin Montanti*

A sustainable, safe and integrated client-centred health care system

Board Strategic Priorities

1. A culture of safety throughout the RHA Central
2. Quality Health Care RHA Central
3. Organization-wide accountability
4. Continuity of Care

Strategic Plans, Success Factors & Anticipated Results

- Implementing of system changes to strengthen the culture of safety, as identified through a comprehensive regional patient safety assessment and subsequent action plans.
- Improving measurement and evaluation process to mitigate risk and improve quality care.
- Implement a comprehensive regional emergency preparedness program by completing and exercising a Pandemic response plan, a Regional Disaster response plan and a facility disaster plan.
- Implementing of a risk management framework and integrating of risk management into the work of the organization for the purpose of preventing or minimizing the probability and/or consequences of occurrences.
- Providing for evidence of trends and analysis of reportable critical incidents, including evidence of action plans to address identified high risk areas for improvement.
- Developing a regionally standardized & integrated community mental health service system including program descriptors, intake processes, charting practices, & assessment/observation tools for all Community Mental Health Services:
- Developing best practice treatment services to fit client need where there are gaps
- Decreasing use of restraints for all clients in long term care with appropriate assessment, order, plan of care and reassessment
- Reviewing of current RHA - child/parent information resources to ensure regional consistency and reflective of best practice.
- Ensuring systems that facilitate access and referral are in place as per Accreditation Canada recommendations; formalizing the evaluation component of the transition process for clients including the development and implementing of outcome indicators to ensure that the ongoing needs of the client are being met.
- Evaluating whether referral programs are meeting client's needs.
- Standardizing client education handouts for use in emergency rooms
- Increasing integration of services through the continuum of care in relation to care in the community by the development of a Home Care Nursing Clinic in Portage la Prairie.
- Standardizing OR and ER training and ongoing education

> “To me, a culture of safety in RHA Central means all persons concerned — clients, family, nurses, health care aides are involved in care plan mutually to maintain safe and secure environment for everyone.”
>
> *Janice Carefoot*

1. A culture of safety throughout the RHA Central

- 70 participants completed the Safe Client Handling and Injury Prevention Program (SCHIPP) workshops held in 2008-09 for Peer Leaders of designated sites in RHA Central. SCHIPP is the renewed Back Care: Train the Trainer program initially introduced to the Region in 2000. The program supports Part 8 and Part 39 of the Workplace Safety &Health legislation and provides the tools for employees of RHA Central to provide safe client care and safe work practices. Manitoba Health & Healthy Living recognized the article regarding SCHIPP in the RHA Central February, 2009 newsletter.
- Central Region is in the initial stages of rolling out the It's Safe to Ask Medication Card for people to record medications. The purpose of this card is to promote patient safety through safe use of medications, encourage people to ask questions about their medications and to help healthcare providers and emergency responders to know patients' current medications. This medication card was developed by the Manitoba Institute for Patient Safety and is being rolled out across the province.
- RHA Central joined healthcare professionals and administrators for a webcast of The Canadian Healthcare Safety Symposium "Healthcare and the Law" to discuss healthcare safety and its relationship to the law.
- All employees, physicians, and students in Central Region are now invited to nominate each year a colleague or co-worker for the Patient / Client Safety Champion award for each Area. The Patient/Client Safety Champion is someone who consistently takes steps to promote client/ patient safety to reduce risk and errors in the health care system.
- Ten sites in Canada were part of a national pilot project in regards to the CleanHands Saves Lives Campaign which provided education resources such as posters. Central Region was chosen as one these ten sites to pilot the new resources before making them available nationally. Getting the message across repeatedly added to the success of the initiative.
- Out of 21 submissions from across Canada, the Canadian Patient Safety Institute (CPSI) has chosen Central Region as one of seven to receive funding for patient safety research through the CPSI 2009-2010 Studentship Competition. Central Region's project is titled "Promoting Health Literacy and Patient Safety with Seniors". The goals of the project are to develop tools to assist seniors living in the community to self assess, and to develop skills to help improve, their health literacy hosted in Carman with collaboration with a Social Work student, Manitoba Patient Safety Institute (MIPS) and CPSI.
- The community of Carman, in partnership with RHA Central and the Manitoba Institute of Patient Safety (MIPS), is participating in a pilot project "Patient Advocacy in the Community". The pilot project team consists of Seniors Resource Council, Manager of Boyne Towers/Lifeline/Adult Day Program and the Director of Health Services - Carman & Area. The committee's goal is to increase awareness around Patient safety issues so that community members can become more informed and actively involved in their own care. The project will be focusing on the two initiatives identified by MIPS:
    - It's Safe to Ask - The two themes are: Communication (health literacy) and Culture Change (patient safety).
    - Medication Safety - Increase communication between providers, patients and their advocates to address medication safety through the use of a personal medication list.
- The Patient Safety Coordinator, a new position in RHA Central has been taking a lead role in conducting critical incident reviews. These type of safety reviews have identified areas to improve patient/client care and safety. Leadership is needed to positively influence the culture of safety in the region
- Central Region contracted with the Canadian Patient Safety Institute to hold Root Cause Analysis (RCA) training in June 2008. An RCA is done on every critical incident in the region in 2008/2009.

2. Quality Health Care RHA Central

- The Accreditation Survey took place March 8-13, 2009 and marked the fourth time since regionalization that Central underwent accreditation conducted by Accreditation Canada. RHA Central residents who need health care face fewer line-ups and shorter wait times than they would experience in many other areas of Canada. Stable staffing and good communication and collaboration between facilities enhance health care in this large region. Infection rates in RHA Central are low due to a highly successful, ongoing program. These were a few of the positive highlights emerging from the initial report of a team of evaluators from Accreditation Canada who visited Central Region in March 2009.
- Central Region met 88% of the criteria listed in Accreditation Canada standards. This is a very good compliance rate. The region is currently awaiting the forecast report and decision. The forecast report outlines areas for improvement and the region will need to respond on any priority items within a 6 month time frame after receiving the report.
- The Manitoba Health and Healthy Living Long Term Care Standards visits were conducted in all personal care home sites in RHA Central in 2008-09.

3. Organization-wide accountability

- The Regional Operation Centre (ROC) Manual has been completed and currently is posted on the Regional Intranet and is available for all staff to view. Two regional non-pandemic table top exercises were conducted at the senior management level. Pandemic plans are being modified to become an attachment to the ROC Manual and will provide guidance to the Incident Commander. An incident command structure has been designed.
- Large scale flood plans have been completed for those areas at risk. Flood threats in the Red River Valley this spring highlighted Central Region's plans for managing disasters and the ongoing need to exercise and update those plans.
- The Board approved implementation of a Governance Dashboard, a new reporting format which provides a snapshot of selected performance measures and will enable the Board to monitor progress or compliance in relation to its stated Board ENDs, Strategic Priorities and policies.
- Critical Incidents (CIs)/Critical Occurrences (CO's), occurrences and near misses are reported monthly to the Board of Directors.

- As noted in the Chair's message, the Board of Directors continues its ownership linkage activities including the comprehensive and ongoing Community Health Assessment. As well, staff regularly meet with stakeholder groups throughout Central Region.
- The Communications Strategic plan was reviewed and revised by a representative staff working group and included the Board Chair.
- The 2008 Annual meeting provided a forum for community members to ask questions in a round table format.
- Information bulletins are provided regularly to all media outlets in the region.
- The Community Health Assessment is underway.
- Over 35,000 households in Central Region receive a newsletter in the spring and in the fall of each year.
- The RHA Central completed fiscal year 2008-09 with a surplus of $2,266,480.

4. *Continuity of Care*

- The RHA Central was recognized by the Board for its proactive efforts, dedication and commitment over the summer of 2008 ensuring that continuity of service and quality of care remained first rate despite the existing human resource challenges.
- Additional funding from the Province has enabled the RHA - Central to see improved EMS coverage and response times by implementing the response mode of Dynamic Deployment and by restructuring staffing of most on-call positions to full-time positions and as well the management team Further to a thorough examination of existing EMS staffing and service patterns in Central Region, staffing models were enhanced in many stations across the Region including Notre Dame de Lourdes, Swan Lake, Manitou, Boundary Trails, Elie, Portage la Prairie and MacGregor.

An Overview of our Current Population

Population Change, 1996-2008

1. Central Population

This report examines population in changes in RHA Central between 1996 and 2008. The data source for this report is Manitoba Health Population Registry.

- Between 1996 and 2008, the population of RHA Central increased from 96, 631 to 104, 689 (see **Figure 1**).
- **Figure 2** shows the percentage change in population from year to year as well as the linear trend in population change. The linear trend shows that although there have been some slight decreases in population, the overall trend in is towards population growth.
- The change between 1996 and 2008 represents an increase of eight per cent over the 13-year period which is greater than the provincial growth in this time period (see **Figure 3**).
- **Figure 4** illustrates that although RHA Central has grown by eight per cent overall, there are significant differences in population patterns between the nine districts. For example, Morden/ Winkler has shown tremendous growth with a 39 per cent increase (from 18,721 to 26,116) between 1996 and 2008 while other districts such as Louise/Pembina and Seven Regions have decreased by over ten per cent.
- **Table 1** shows the specific populations by district for 1996 and 2008.

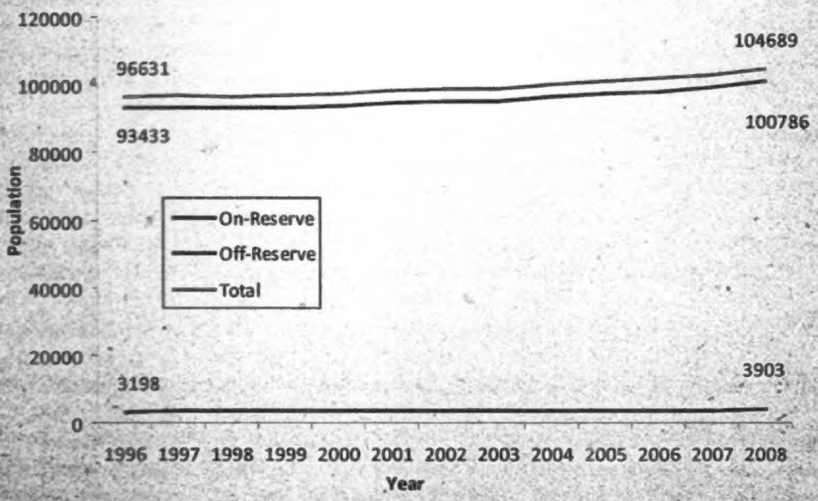


Figure 1 RHA Central population change, 1996 to 2008.

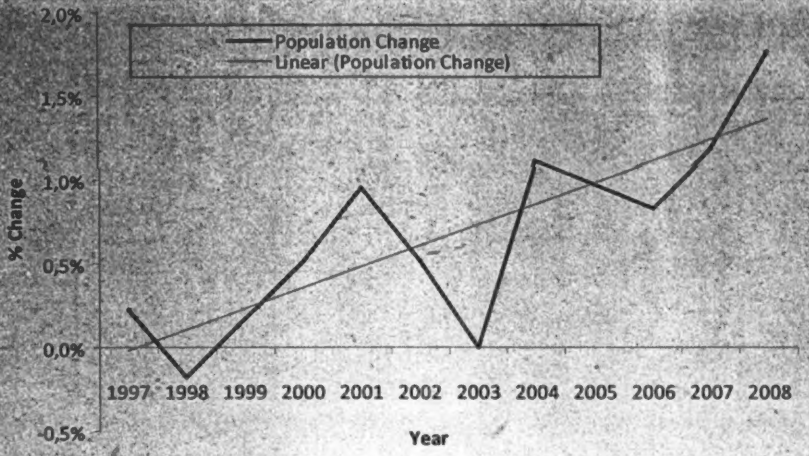


Figure 2 RHA Central yearly percentage change in population, 1996 to 2008.

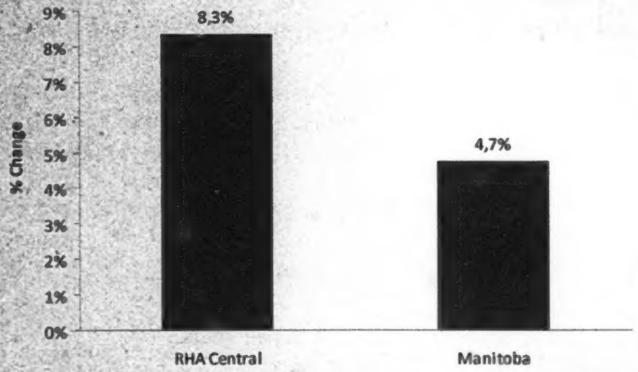


Figure 3 Percentage change in population RHA Central and Manitoba, 1996 to 2008.

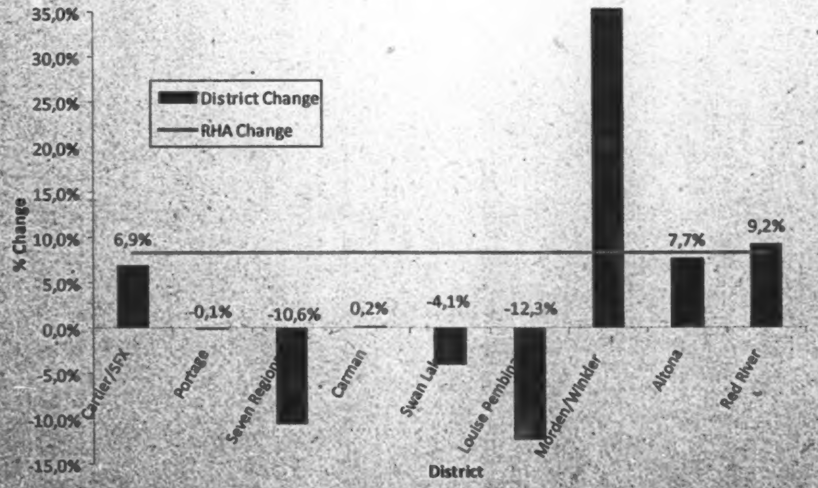


Figure 4 Population change by RHA Central District, 1996 to 2008

District	*1996*	*2008*
Cartier/SFX	6,186	6,610
Portage	25,445	25,408
Seven Regions	6,787	6,067
Carman	10,178	10,198
Swan Lake	3,640	3,491
Louise Pembina	4,923	4,316
Morden/Winkler	18,721	26,116
Altona	8,421	9,069
Red River	12,280	13,414
Total Population	**96,581**	**104,689**

Table 1. Population change by district, 1996 to 2008.

2. Central population change by Age Group, 1996 to 2008

- **Figure 5 shows that between 1996 and 2008, the age groups that have increased the most are those between ages 40 and 69. There is moderate growth in the 15 to 29 year old age groups but decreases in the 30 to 39 year old age groups.**
- **Table 2 illustrates population by age group for 1996 and 2008.**

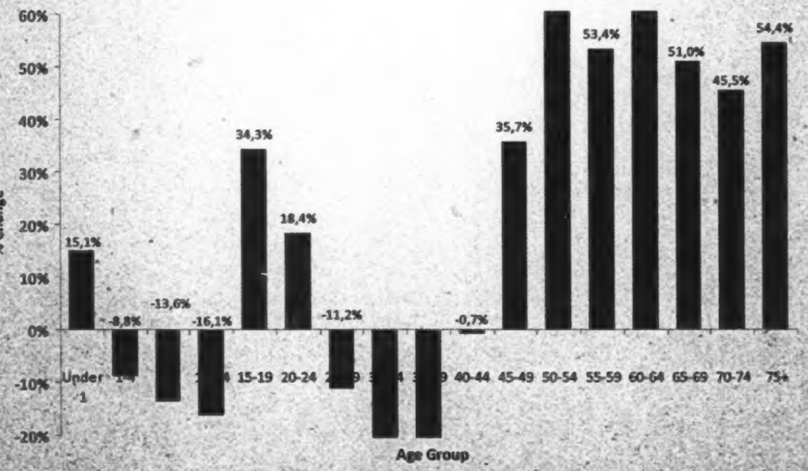


Figure 5 RHA Central population change by age group, 1996 to 2008

Age Group	*1996*	*2008*
Under 1	1,566	1,589
1-4	9,062	6,342
5-9	8,257	7,998
10-14	8,436	8,529
15-19	7,797	8,539
20-24	6,603	7,214
25-29	6,096	6,286
30-34	7,353	6,049
35-39	7,657	6,297
40-44	6,819	6,980
45-49	5,718	7,759
50-54	4,610	6,952
55-59	3,976	5,613
60-64	3,515	4,755
65-69	3,578	3,822
70-74	3,448	2,936
75+	6,500	7,029

Table 2. Population by age group, 1996 and 2008

a. Central Population Change by District, 1996 to 2008

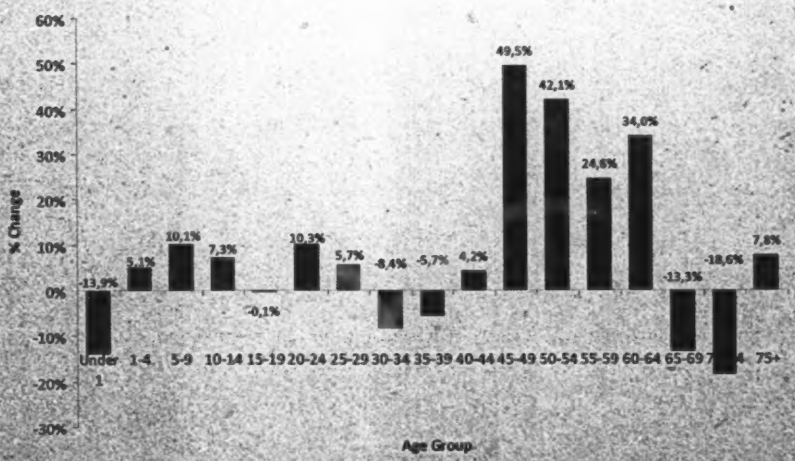


Figure 6 Altona population change by age group, 1996 to 2008.

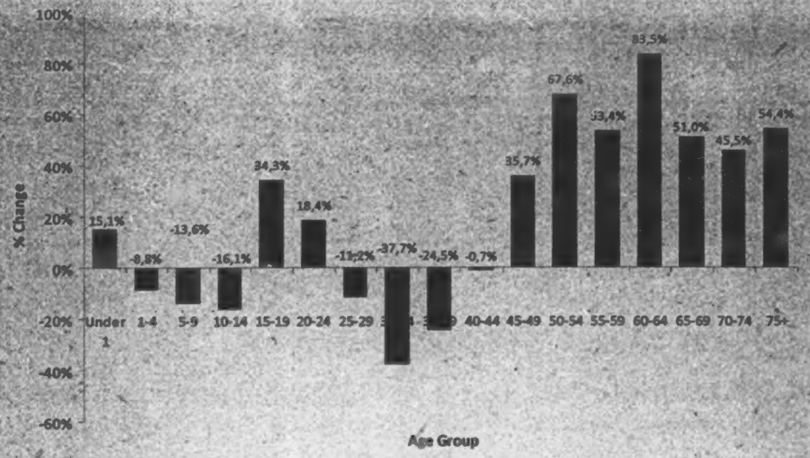


Figure 7 Cartier/SFX population change by age group, 1996 to 2008.

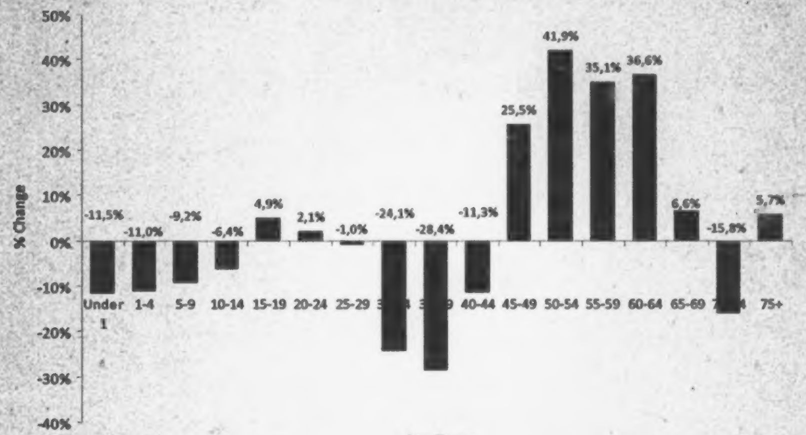


Figure 8 Portage District population change by age group, 1996 to 2008.

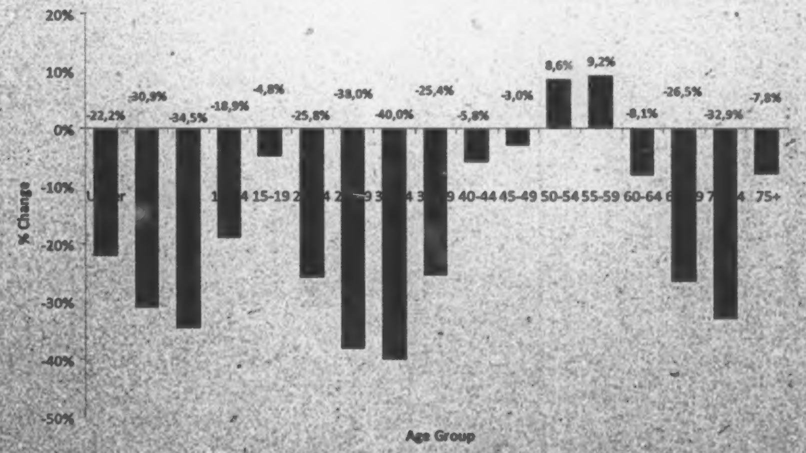


Figure 9 Seven Regions population change by age group, 1996 to 2008.

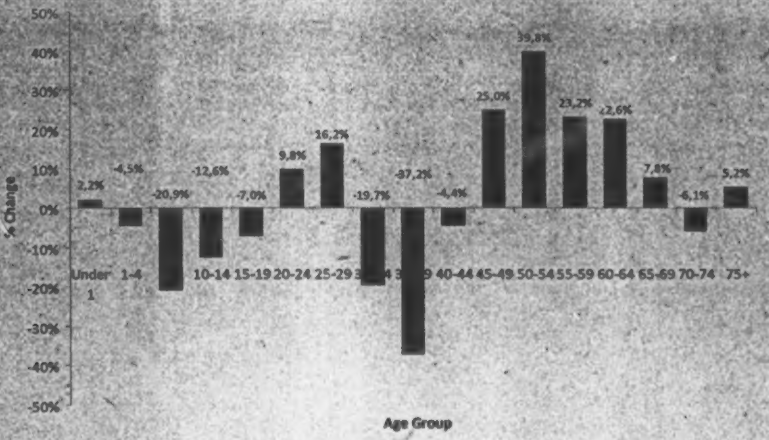


Figure 10 Carman population change by age group, 1996 to 2008.

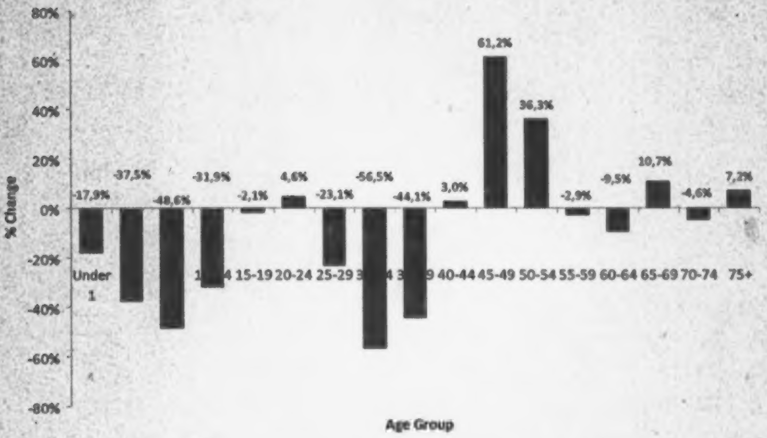


Figure 11 Swan Lake population change by age group, 1996 to 2008.

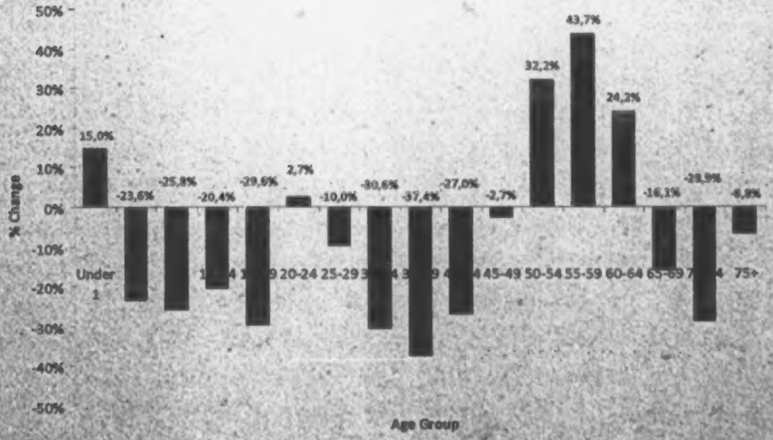


Figure 12 Louise/Pembina population change by age group, 1996 to 2008.

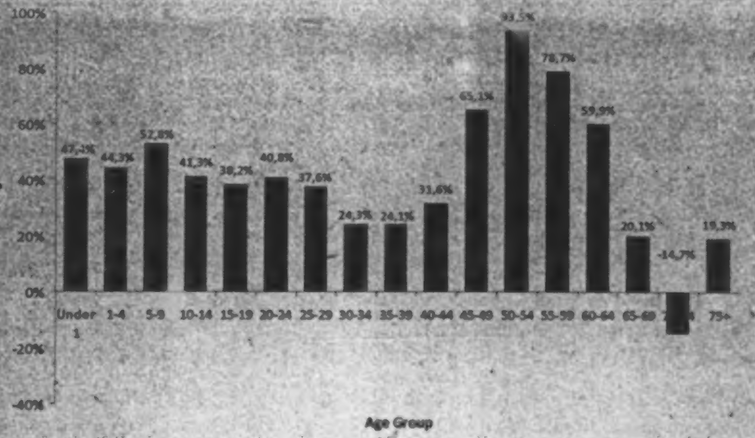


Figure 13 Morden/Winkler population change by age group, 1996 to 2008.

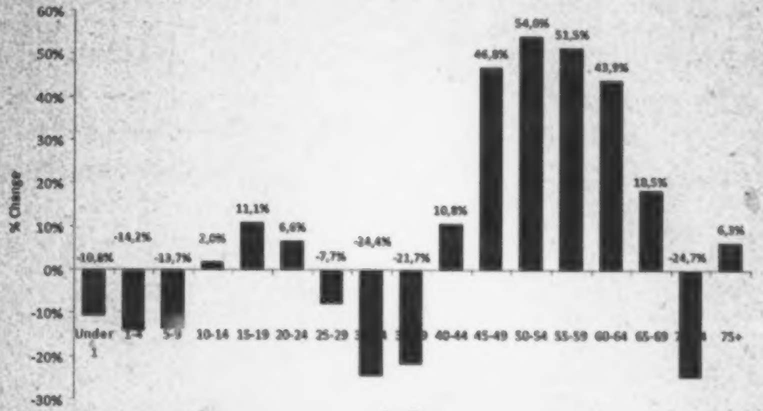


Figure 14 Red River population change by age group, 1996 to 2008.

> “To me, a culture of safety in RHA Central means communication and knowledge. It helps morale, among employees and contributes to many sometimes small issues on the working floor among staff or clients. Every answer pertaining to working with each other and clients is in any book, what we need more in RHA Central. Caring for clients as human beings is not another number, is and can be wonderful experiences.”

Monique Mayner

b. Central Population Under Age 1, 1996 to 2008

- A review of the population under age 1 specifically shows that this age group has increased in our region by 1.5 per cent (From 1,566 to 1,589) between 1996 and 2008. At the same time, the provincial population under the age of one has increased by 8.2 per cent (see **Figure 15**).
- There are significant differences between the Districts in the changes of this age group. For example Morden/Winkler(47.4%) and Cartier/SFX(15.1%) have shown large increases in this age group while Seven Regions (-22.2%) and Swan Lake (-17.9%) have decreased the most (see **Figure 16**).
- See **Table 3** for populations under age one by district for 1996 and 2008.

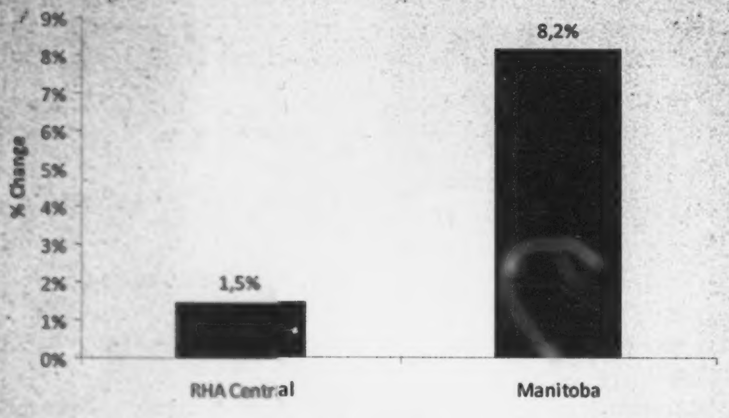


Figure 15 Change in population under age 1, 1996 to 2008.

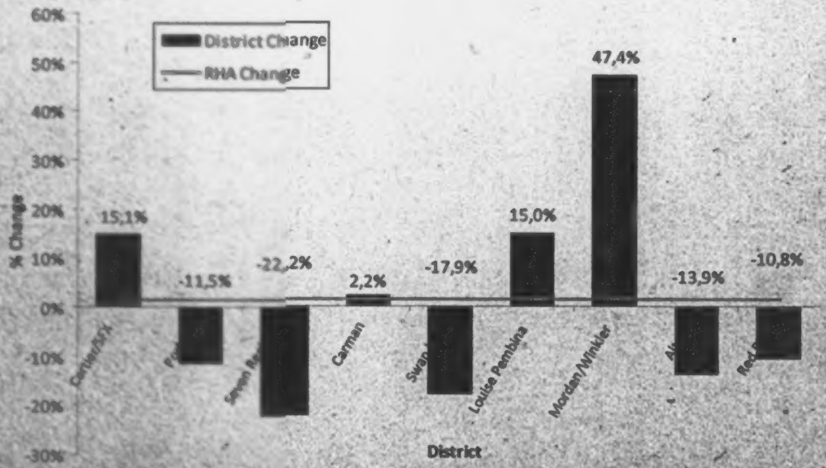


Figure 16 Change in population under age 1 by district, 1996 to 2008.

District	1996	2008
Cartier/SFX	73	84
Portage	399	353
Seven Regions	176	137
Carman	136	139
Swan Lake	67	55
Louise Pembina	40	46
Morden/Winkler	306	451
Altona	165	142
Red River	204	182
Total	**1,566**	**1,589**

Table 3 Population under age one by district, 1996 and 2008.

c. Central Population age 65 and older, 1996 to 2008

- While the population under age one has decreased in our Region, **Figure 17** shows that the population of residents over age 65 has increased between 1996 and 2008. Compared to the provincial increase of 6.8 per cent, our region has increased by 1.9 per cent.
- **Figure 18** shows that several districts have shown decreases in this population group but Cartier/SFX has shown a large increase at 49.9 per cent.
- See **Table 4** for populations age 65 and older by district for 1996 and 2008.

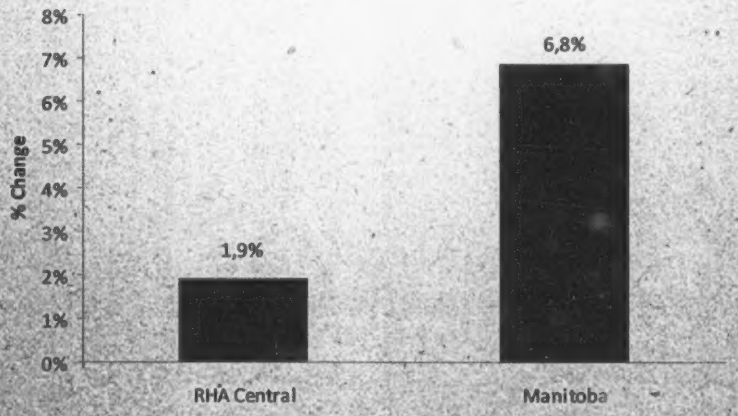


Figure 17 Change in population age 65 and older, 1996 to 2008.

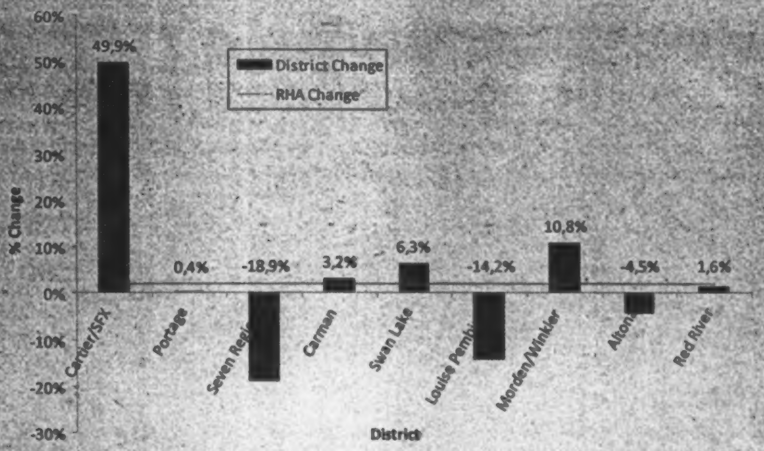


Figure 18 Change in population age 65 and older by district, 1996 to 2008.

District	*1996*	*2008*
Cartier/SFX	429	643
Portage	3,553	3,567
Seven Regions	869	705
Carman	1,732	1,787
Swan Lake	571	607
Louise Pembina	1,039	891
Morden/Winkler	2,752	3,050
Altona	1,121	1,071
Red River	1,443	1,466
Total	**13,509**	**13,787**

Table 4 Population age 65 and older by district,1996 and 2008.

> “To me, a culture of safety in RHA Central means being aware of all aspects of safety -- your own and your client's -- whether it being environmental or health-related. Helping to direct clients to be aware of their own safety. Explain safety aspects to clientsd in their own terms so they understand -- don't use unfamiliar medical jargon! Gain client's confidence in the system (i.e. home care) with lots of explanations and directions, if necessary.”

Tina Doerksen

d. Central Population age 75 and older, 1996 to 2008

- While the total population over age 65 has slightly increased, **Figure 19** shows that the population of residents over age 75 has increased by 8.1 per cent between 1996 and 2008.
- **Figure 20** shows that Cartier/SFX has shown a large increase in the 75 and older population at 54.4 per cent, Morden/Winkler had the second highest growth rate at 19.3 per cent..
- See **Table 5** for populations age 75 and older by district for 1996 and 2008.

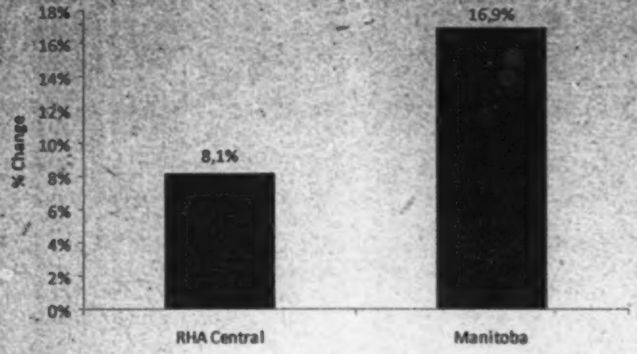


Figure 19 Change in population age 75 and older, 1996 to 2008.

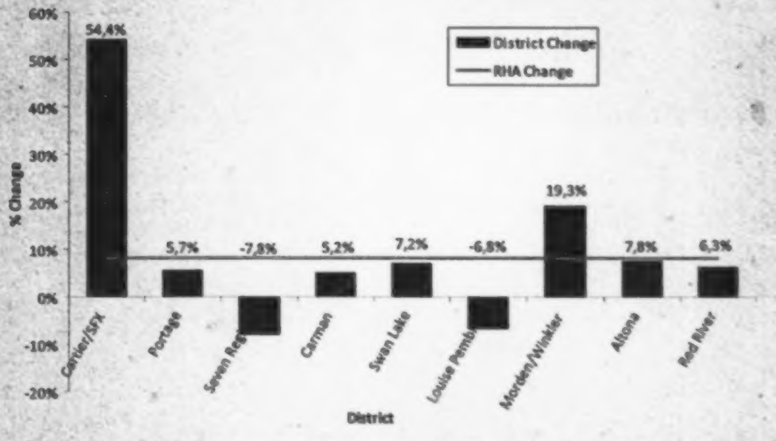


Figure 20 Change in population age 75 and older by district, 1996 to 2008.

District	***1996***	***2008***
Cartier/SFX	147	227
Portage	1,698	1,795
Seven Regions	383	353
Carman	881	927
Swan Lake	276	296
Louise Pembina	533	497
Morden/Winkler	1,392	1,661
Altona	540	582
Red River	650	691
Total	6,500	7,029

Table 5 Population age 75 and older by district, 1996 and 2008.

Challenges & Future Direction

As elaborated in the 2007-08 Annual Report, RHA Central continues to experience many of the challenges that characterize the current health care environment. In addition there are some that illustrate the unique aspects of Central Region:

- Responding to our communities' needs in the midst of growing resources and reimbursement constraints. With increased immigration, Central Region will have one of the strongest population growths in the province with the Manitoba Bureau of Statistics projecting an increase of 54% in the next 30 years. While immigration enriches the ethnic and cultural diversity of the Region, new populations bring with them new ideas, challenges and sometimes complex, diverse and often unpredictable needs. We will:
  - Explore capacity building with increasing partnerships
  - Continue to examine opportunities for primary health care initiatives such as the Carelinks Project - Health Links telephone support for clients with diabetes to be implemented provincially in Sept. 2009.
- Central Region is beginning to see an increased demand on services, for example, at Boundary Trails Health Centre, there were 832 births in the 2008-09 fiscal year compared to the 491 births in the opening year 2001/02. There is also a growing number of ER visits in our regional centres with a huge increase in our night visits of 31% compared to last fiscal year. Overall, there's been a 6.4% increase in ER Visits.
- The challenges of recruiting and retention of sufficient personnel during a time of global shortage is expanding to a greater scope of health service areas. Increased numbers of retirements have generated concern regarding the future supply of new staff in Central Region. Severe shortages of all disciplines have created persistent and ongoing human resource challenges across the Region. For example, retirement of nurses from specialized departments is complicated when we rely on provincial education programs to train staff to accommodate these vacancies. However, in the face of these challenges, we will:
  - Continue efforts to offer training programs at home within the Region, for various health care disciplines. For example, we have great hope that the Red River College Primary Care Paramedic (PCP) program being offered next year out of the Portage Campus will draw more rural people to take the course and work and live rurally.
  - In terms of training medical students and residents, RHA Central plays an important role outside of Winnipeg and its role may increase in the near future. Approximately 60 medical students/residents are expected to train within RHA Central.
  - Support clinical and administrative leadership in their management roles and responsibilities with continued appropriate regional training.
  - Continue partnerships in training such as the high school health care aide program
  - Expand and enhance the aboriginal workforce initiative.
- Addressing the complexities of chronic disease management especially with an ageing population, as well as what futurists say will be a substantially significant extension in life expectancy. It is estimated that more than 75% of health care dollars are spent on patients with chronic diseases and the majority of the health care dollar is spent in the last few remaining months of our lives. As well, acute care beds are sometimes the only alternative to accommodate the care of some of these clients and the longer lengths of stay is creating challenges in bed availability in hospitals. We will:
  - Implement an Interim Placement Care While Waiting Placement Strategy
  - Increase dietician services in communities to provide diabetes education and support within the community.
  - Implement three healthy living facilitators to enhance chronic disease education and awareness.
- Emerging new costs that arise from medical, technological and pharmaceutical innovation itself. These advances have and will indeed continually change the face of health care and the services provided.
- Ageing capital and Information Technology (IT) infrastructure and aging equipment across the Region continue to be an increasing concern. A substantial investment is required to develop the potential to use information and to improve and sustain health care safety and security in operations. As well,

space requirements to accommodate delivery of programs in terms of increased volume and demand for services, new program initiatives and co-location of services are an issue. We will:
  - Continue planning efforts
  - Continue working in partnership with communities and stakeholders

- Emerging health issues, outbreaks, pandemics and increased attention to disaster preparedness. For example, the Flood of 2009 is recorded as the second highest flood levels in recorded history and had substantial impact on the Red River Valley areas in Central Region. The effect of this flood was primarily on the ability of staff to get to and from work sites as many roads were closed and access to certain areas was significantly impacted. Fortunately, all services were able to be maintained including Home Care. The flood disaster plans created in 2004 were reviewed and updated as well as Regional disaster planning and responses were evaluated. We will:
  - Continue reviewing and improving and exercising plans.
  - Increase participation in pandemic planning with the First Nations communities as well as ongoing partnerships in pandemic planning with local municipalities.

- Peoples' expectations from their health care system increases. We will:
  - Continue quality improvement efforts in all programs and services with an evidence informed approach. In keeping with this we are planning for the following:
    - Cultural diversities
    - Developing an after hours crisis response service with a more robust response capability
    - Increasing aging population
    - Workplace Health & Safety.

- Increasing Regulatory Demands. Advances in research and increased complexity of care (Home Care, Elder Personal Care & Hospital Care) and pressure to improve quality, safety and access. The fact that many health challenges that impact our health status exceed well beyond the traditional boundaries of the health sector and this requires a re-focusing of our system to a population health approach and continuous review of our practices. We will:
  - Update Medical Staff By-Laws
  - Review Rules & Regulations
  - Align our privileging process with the provincial Clinical Privileges Advisory Panel (CPAP)
  - Move forward with our chronic disease prevention and primary care programs.
  - Consider the social determinants of health in policy and program development
  - Actively partner with other sectors to address the challenges and needs of our marginalized populations living in poverty.

- Global economic recession is impacting all sectors of society and health care is not immune to this significant challenge. We will:
  - Continue to manage resources effectively

- Enabling a culture of Safety is a health care priority. Accreditation Canada's recommendations and areas for improvement will be a significant driver to guide future planning with a national and provincial focus on improving patient care and safety. We will:
  - Continue to implement best practices such as Safer Health Care Now! Initiatives. Examples include medication reconciliation and acute myocardial care. With an increasing focus on system-based reviews when there are unexpected outcomes, we look at the factors in the health care system that contributed to critical incidents. We are trying to shift the culture from a blaming approach to one of a "just culture" where the focus is on learning
  - Roll out a Governance Dashboard reporting system. This will help the organization measure and monitor our achievements as well as risk management strategies.

Whistleblower Protection

Public Interest Disclosure - Bill 34

The Public Interest Disclosure - Bill 34 (Whistleblower Protection Act) gives employees and others a clear process for disclosing concerns about significant and serious wrongdoing in the Manitoba public service, and provides protection from reprisal. The act (Bill 34) is not intended to deal with routine operational or human resource matters. Employees who have concerns about such mattes should follow existing procedures to deal with these issues. The law applies to employees and officers at all levels of provincial departments, Offices of the Legislative Assembly, and government bodies including regional health authorities.

As per subsection 18 of the Act, and in terms of reporting procedures, following is the Whistleblower Protection report for April, 2007 to March, 2009

Whistle Blower Reporting Officers:	Helmuth Klassen - Apr/2007 to Feb/2009 (Retired) & Jane Curtis - Feb-Mar/2009
Reporting Period:	April 2007 - March 2009

Reporting for this period was not included in the 2007 - 2008 Annual Report due to a misconception that no report was necessary as there were no Disclosures reported .

Disclosures Received: ***Subsection 18(2a)***
0 Received

There were no disclosures received from April 2007 to March 2009 therefore there was no actions required.

Investigations Commenced: ***Subsection 18(2b)***
0 Commenced

There were no investigations commenced as a result of a disclosure.

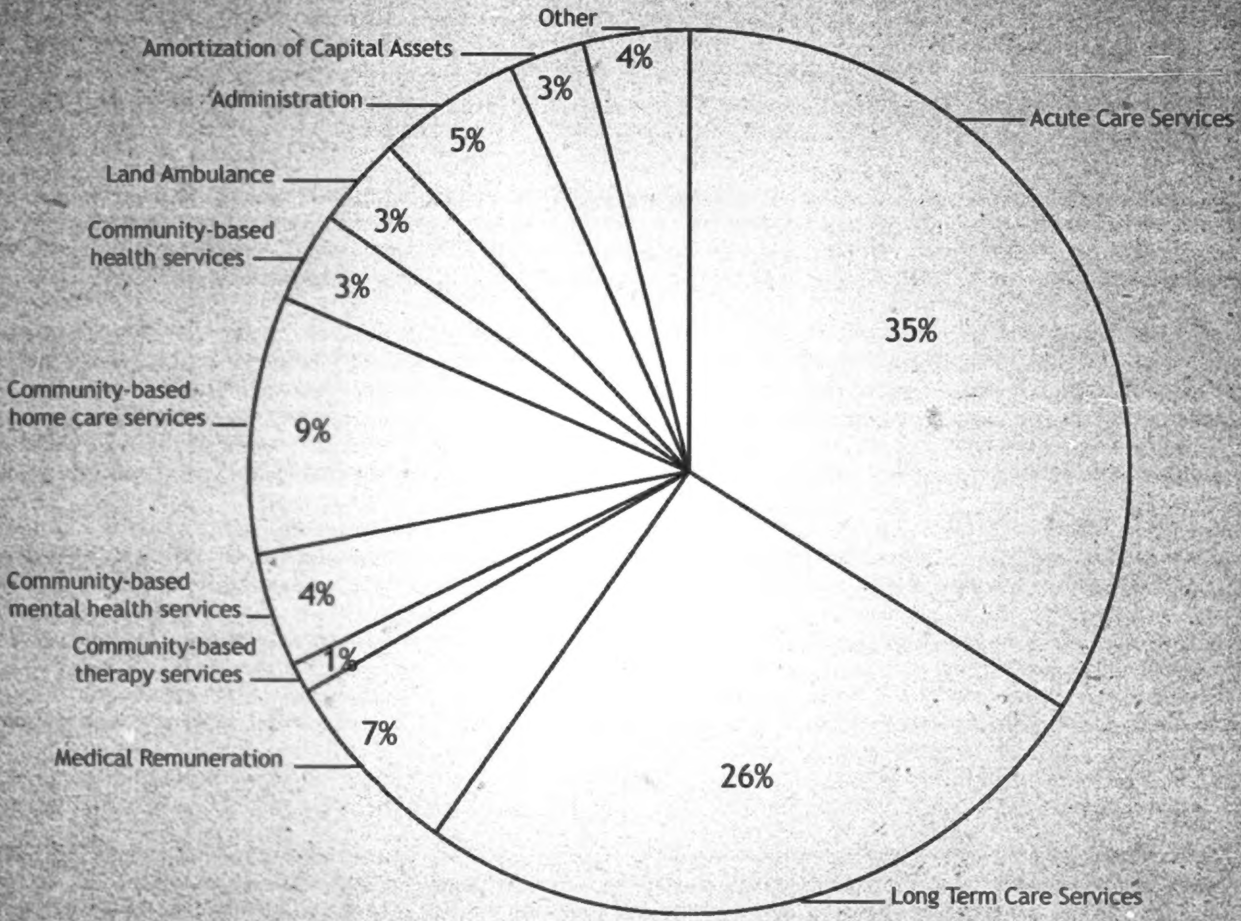
Finding of Wrongdoing/Recommendations/Corrective Actions Taken: Subsection 18(2b)
0 Findings of Wrongdoing
0 Recommendations
0 Corrective Actions taken

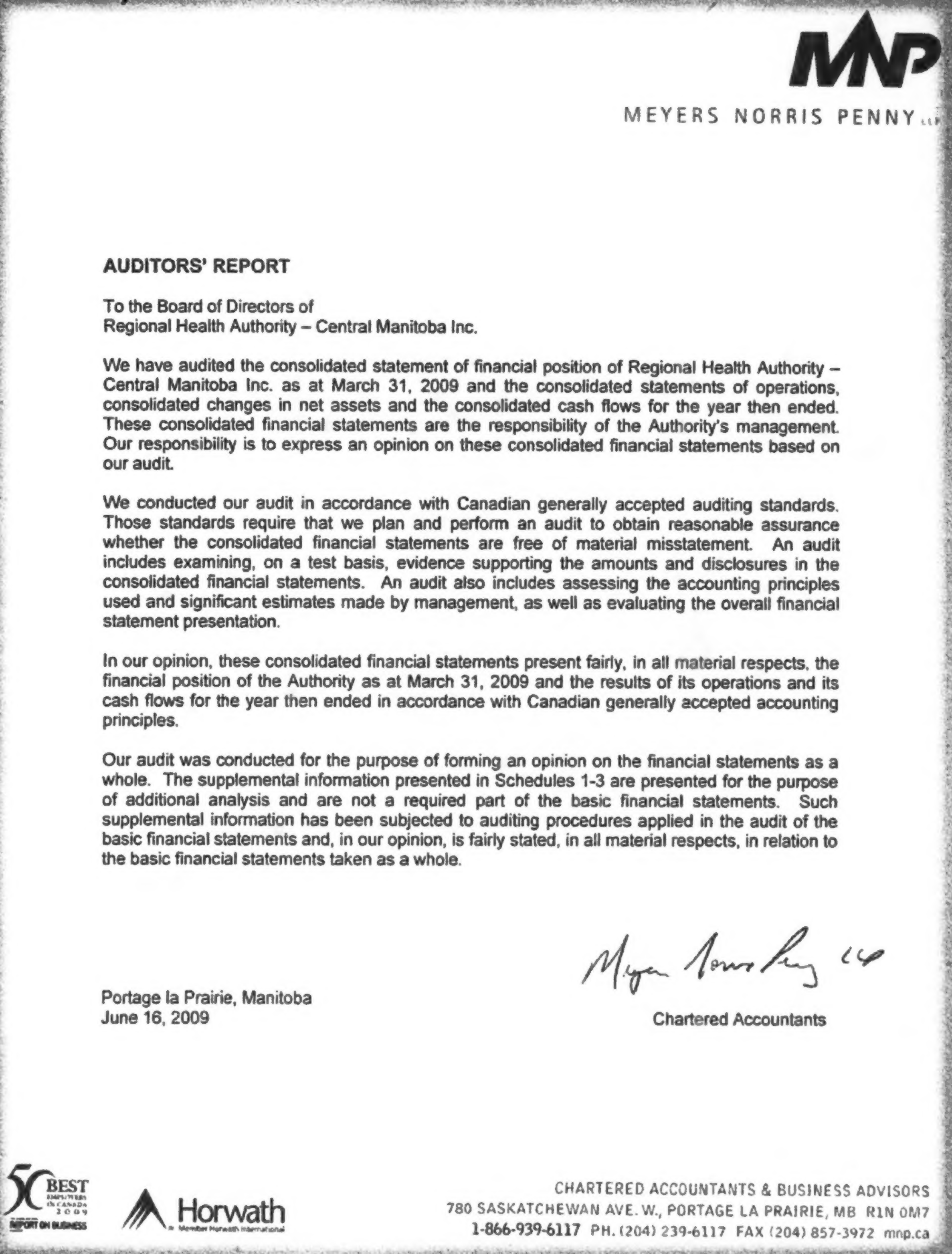
There were no disclosures received resulting in no investigations or findings of wrongdoing.

> "To me, a culture of safety in RHA Central means continuing t6o gather knowledge through education and work experience in order to provide and improve quality care to clients."
>
> *Kathy Nicholas*

Financial

2008-2009 Expenses
Regional Health Authority - Central Manitoba Inc.
Expenditure Breakdown





MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To the Board of Directors of
Regional Health Authority – Central Manitoba Inc.

We have audited the consolidated statement of financial position of Regional Health Authority – Central Manitoba Inc. as at March 31, 2009 and the consolidated statements of operations, consolidated changes in net assets and the consolidated cash flows for the year then ended. These consolidated financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information presented in Schedules 1-3 are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such supplemental information has been subjected to auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Meyers Norris Penny LLP

Portage la Prairie, Manitoba
June 16, 2009

Chartered Accountants

50 BEST EMPLOYERS IN CANADA 2009 REPORT ON BUSINESS
Horwath Member Horwath International
CHARTERED ACCOUNTANTS & BUSINESS ADVISORS
780 SASKATCHEWAN AVE. W., PORTAGE LA PRAIRIE, MB R1N 0M7
1-866-939-6117 PH. (204) 239-6117 FAX (204) 857-3972 mnp.ca

Note the Auditor's Letter forms part of the complete set of financial statements

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Consolidated Statement of Financial Position

	2009	2008
ASSETS		
CURRENT		
Cash and short term investments	$ 20,441,935	$ 11,412,063
Accounts receivable, net	3,225,041	4,260,019
Accounts receivable - Manitoba Health & Healthy Living	-	1,026,402
Inventories	1,155,690	1,152,782
Prepaid expenses	998,188	1,460,511
Due from Manitoba Health - vacation entitlements	7,775,928	7,775,928
	33,596,782	27,087,705
NON-CURRENT		
Due from Manitoba Health & Healthy Living - retirement entitlements	9,106,000	9,106,000
Capital assets	80,562,663	79,229,923
Other assets	472,323	163,265
	$ 123,737,768	$ 115,586,893
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	$ 14,405,858	$ 12,977,539
Accounts payable - Manitoba Health	778,278	-
Accrued vacation benefit entitlements	9,996,841	9,510,989
Current portion of long term debt	230,364	212,711
	25,411,341	22,701,239
NON CURRENT		
Accrued retirement benefit entitlements	11,488,803	10,382,720
Long term debt	2,425,709	2,566,375
	13,914,512	12,949,095
DEFERRED CONTRIBUTIONS		
Expenses of future periods	4,050,269	3,091,315
Capital assets	76,186,983	75,069,879
	80,237,252	78,161,194
NET ASSETS		
Invested in capital assets	1,719,795	1,381,146
Contract facilities	1,036,741	1,227,808
Internally restricted	270,170	276,773
Unrestricted	1,147,957	(1,110,362)
	4,174,663	1,775,365
	$ 123,737,768	$ 115,586,893

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

Consolidated Statement of Operations

	2009	2008
REVENUE		
Manitoba Health & Healthy Living	$ 164,798,291	$ 153,106,851
Other government departments	85,457	59,501
Non-global patient and resident income	12,693,044	12,199,145
Other income	6,188,920	5,563,830
Amortization of deferred contributions - expenses of future periods	2,608,993	2,276,510
Amortization of deferred contributions - capital and foundations	5,004,007	4,550,034
Interest and donations	331,468	337,886
Ancillary operations	2,394,893	2,250,650
	194,105,073	180,344,407
EXPENSES		
Acute care services	64,928,419	60,497,932
Long term care services	49,559,572	46,728,236
Medical remuneration	13,199,760	13,272,524
Community based therapy services	2,454,568	2,386,535
Community based mental health services	8,111,538	8,100,547
Community based home care services	17,806,330	17,236,087
Community based health services	6,320,340	5,436,945
Land ambulance	6,470,814	5,846,964
Regional Health Authority undistributed	12,056,865	10,801,239
Interest on long term debt	279,290	361,771
Pre-retirement leave	3,121,180	1,699,833
Amortization of capital assets	5,115,743	4,661,137
Major repairs	429,614	364,100
Donations to foundations	10,000	33,150
Ancillary operations	1,974,560	1,883,824
	191,838,593	179,310,824
EXCESS OF REVENUES OVER EXPENSES	$ 2,266,480	$ 1,033,583
ALLOCATION OF EXCESS OF REVENUE OVER EXPENSES		
Capital and donations to foundations	$ (551,350)	$ (508,353)
Interest and donations	331,468	337,886
Ancillary operations	420,333	366,826
Health care operations	2,066,029	837,224
TOTAL	$ 2,266,480	$ 1,033,583

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Regional Health Authority - Central Manitoba Inc. by submitting a request letter to:

CHIEF EXECUTIVE OFFICER, REGIONAL HEALTH AUTHORITY - CENTRAL MANITOBA INC.
180 CENTENNAIRE DRIVE - SOUTHPORT MB R0H 1N0
TEL.: 1 800 RHA-6509 OR VISIT WWW.RHA-CENTRAL.MB.CA

Regional Health Authority - Central Manitoba Inc.

Contacts

Regional Health Authority Central Manitoba Inc. — **Office régional de la santé du Centre du Manitoba inc.**

180 Centennaire Drive / Southport MB R0H 1N0
www.rha-central.mb.ca

180, rue Centennaire / Southport MB R0H 1N0
www.rha-central.mb.ca

Contact Numbers/Numéros de contact

Toll Free Number/Numéro 800	1 800 RHA-6509
Corporate Office/Bureau central - Southport	428-2720 tel
	428-2779 fax
Regional Office/Bureau régional - Morden	822-2650 tel
	822-2649 fax
Regional Office/Bureau régional - Notre Dame de Lourdes	248-7250 tel
	248-7255 fax
Health Links/Info Santé	1 888 315-9257
Medical Officer of Health/Médecin hygiéniste	428-2726
(after hours/après les heures normales)	788-8606
Mental Health Crisis Line - 24 Hours/Ligne d'intervention d'urgence en santé mentale (24 heures sur 24)	1 866 588-1697
Mental Health Programs/Programmes de santé mentale	1 888 310-4593
Midwifery/Sage-femmerie	1 866 831-4950
Public Health Inspector North/Inspecteur de la santé publique-nord	239-3187
Public Health Inspector South/Inspecteur de la santé publique-sud	822-2849/2850
Travel Health-North/Santé en voyage-nord	239-3387
Travel Health-South/Santé en voyage-sud	331-8959

For your emergency medical services (ambulance), please refer to the MTS Directory for your service area./
Pour services d'urgence médicaux (ambulance), veuillez référer au répertoire MTS de votre communauté.

Health Care Facilities/Établissements de santé

Altona	
Altona Community Memorial Health Centre	324-6411
Eastview Place	324-8295
Carman	
Boyne Lodge	745-6715
Carman Memorial Hospital	745-2021
Crystal City	
* Rock Lake Health District Hospital	873-2132
Emerson	
Emerson Health Centre	373-2109
Gladstone	
Seven Regions Health Centre	385-2968
Third Crossing Manor	385-2474
MacGregor	
MacGregor & District Health Centre	685-2850
Manitou	
Pembina Manitou Health Centre	242-2744
Morden	
Boundary Trails Health Centre	331-8800
* Tabor Home Inc.	822-4848
Morris	
Morris General Hospital	746-2301
Red River Valley Lodge	746-2394
Notre Dame de Lourdes	
Foyer Notre-Dame	248-2092
Notre Dame Hospital	248-2112
Pilot Mound	
* Prairie View Lodge	825-2717
* Rock Lake Health District Personal Care Home	825-2246
Portage la Prairie	
Douglas Campbell Lodge	239-6006
Lions Prairie Manor	857-7864
Portage District General Hospital	239-2211
St. Claude	
St. Claude Health Centre	379-2211
St. Claude Pavillon	379-2585
Swan Lake	
Lorne Memorial Hospital	836-2132
Winkler	
Boundary Trails Health Centre	331-8800
* Eden Mental Health Centre	325-4325
* Salem Home Inc.	325-4316

Home Care/
Soins à domicile

Altona	324-8458
Carman	745-5579
Crystal City	873-3030
Gladstone	385-3050
St. Jean Baptiste	758-3031
MacGregor	685-5706
Manitou	242-2914
Morden	331-8841
Morris	746-7351
Notre Dame	248-2121
Portage la Prairie	239-3040
St. Claude	379-2585
Starbuck	735-3193
Winkler	331-8841

Public Health Units/
Unités de santé publique

Altona	324-2351
Carman	745-2426
Elie	353-2043
Gladstone	385-3137
MacGregor	685-5705
Manitou	242-3117
Morden	331-8841
Morris	746-7354
Pilot Mound	825-2466
Portage la Prairie	239-3070
Rosenort	746-8885
St. Claude	379-2585
St. Jean Baptiste	758-3031
Sanford	736-2388
Somerset	744-2073
Winkler	331-8841

Services to Seniors/
Services aux ainés

Altona	324-1528
Carman	745-6611
Elie	353-2470
Gladstone	385-3026
Headingley	889-3132
Macdonald	735-3052
MacGregor	685-2083
Manitou	242-2744
Morden	822-5663
Morris	746-6336
Notre Dame	248-2687
Pilot Mound	825-2443
Plumas	386-2029
Portage la Prairie	239-1453
St. Jean Baptiste	758-3031
Swan Lake	836-2585
Winkler	325-8964

* Contract Health Corporations/*Corporations de santé contractuelles*

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

MANITOBA INSTITUTE FOR PATIENT SAFETY
INSTITUT POUR LA SÉCURITÉ DES PATIENTS DU MANITOBA

Did you know?

- Clients want two things from the health care system: care and information *(Leonard et al 2008)*.
- Good healthcare begins with good communication.
- Between12-14 million people in Canada live with one or more chronic illnesses or conditions (e.g. asthma, diabetes, heart disease and all forms of cancer) *(Leonard et al 2008)*.
- 40% of the Canadian population account for about 70-80% of health care spending globally (e.g. $100 billion of about $150 billion in health care spending) *(The Chronic Care Model 2007; and Leonard et al 2007)*.
- 60% of adult Canadians do not have the skills needed to adequately manage their health and health care needs.
- 7.5% of patients in Canadian hospitals are unintentionally harmed by their health care *(Baker & Norton 2004)*.
- 37% of these adverse events (unplanned results) are preventable *(Baker & Norton 2004)*.
- One in ten patients receives the wrong medication or the wrong dose.
- People at higher risk for adverse events are:
  - seniors
  - people with low literacy/ low education levels
  - people without an advocate; and
  - people who can not advocate for themselves.
- More informed clients have better health outcomes.

What can you do?

- Ask the three key *It's Safe to Ask™* questions:
  1. What is my health problem?
  2. What do I need to do?
  3. Why do I need to do this?
- Complete a Manitoba Institute for Patient Safety medication card.
- Carry the completed medication card with you to all appointments.
- Know and Show the med card.
- Get involved in decisions affecting your health care.
- Go to the Manitoba Institute for Patient Safety websites: www.safetoask.ca and www.mbips.ca to learn more.
- Choose a patient advocate to speak up on your behalf.

Promoting client safety and quality health care for Manitobans

Promouvoir la sécurité des clients et la qualité des soins de santé des manitobains

MIPS TIPS
Tools, research, and links on leading practices and emerging trends in patient safety

Conseils d'ISPM
Outils, recherches et liens sur les principales pratiques et les nouvelles tendances en matière de sécurité des patients

It's safe to ask

When we visit the doctor or another health professional, we expect to leave knowing what our health problem is, what we need to do about it, and why. But for the thousands of Manitobans, this is simply not the case. That's why the Manitoba Institute for Patient Safety (MIPS) developed It's Safe to Ask.

Vous avez le droit de poser des questions

Lorsque nous consultons un médecin ou un autre professionnel de la santé, nous nous attendons à découvrir ce qui ne va pas, ce qu'il y a à faire et pourquoi. Cependant, ce n'est pas le cas pour des milliers de Manitobains. C'est pourquoi l'Institut pour la sécurité des patients du Manitoba a élaboré son programme intitulé *It's Safe to Ask*.

www.safetoask.ca

Saviez-vous?

- Les clients attendent deux choses de leur réseau de soins de santé : des soins et de l'information *(Leonard et al 2008)*.
- De bons soins de santé commencent par une bonne communication.
- De 12 à 14 millions de Canadiens et Canadiennes vivent avec au moins un problème de santé chronique (p. ex. asthme, diabète, cardiopathie et toutes les formes de cancer) *(Leonard et al 2008)*.
- 40 % de la population canadienne profite d'environ 70 à 80 % des dépenses en soins de santé (p. ex. 100 milliards des 150 milliards de dollars dépensés en soins de santé) *(The Chronic Care Model 2007; et Leonard et al 2007)*.
- 60 % des adultes canadiens n'ont pas les compétences requises pour gérer adéquatement leurs besoins en matière de santé et de soins de santé.
- 7,5 % des personnes hospitalisées au Canada subissent des réactions indésirables non voulues des soins de santé *(Baker & Norton 2004)*.
- Il est possible de prévenir 37 % de ces réactions indésirables (résultats non planifiés) *(Baker & Norton 2004)*.
- Un patient sur dix reçoit le mauvais médicament ou une dose erronée de son médicament.
- Les personnes qui risquent le plus une réaction indésirable sont :
  - les personnes âgées,
  - les personnes peu instruites ou qui ne savent guère lire.
  - les personnes qui ne disposent pas des services d'un défenseur de leurs droits.
  - les personnes sans défense.
- Les clients plus renseignés sont en meilleure santé.

Que devriez-vous faire?

- Posez les trois questions de *It's Safe to Ask™*:
  1. Quel est mon problème de santé?
  2. Que dois-je faire?
  3. Pourquoi dois-je faire cela?
- Remplissez une carte de médicaments de l'Institut pour la sécurité des patients du Manitoba.
- Apportez cette carte à tous vos rendez-vous.
- Soyez au courant de la carte de médicaments, et montrez-la.
- Participez aux prises de décision qui concernent vos soins de santé.
- Consultez les sites Web de l'Institut pour la sécurité des patients du Manitoba (www.safetoask.ca et www.mbips.ca) pour de plus amples renseignements.
- Choisissez un défenseur des droits du patient qui pourra s'exprimer en votre nom.

Building a Culture of Safety

An abridged copy of this report is available in French upon request from the Regional Health Authority - Central Manitoba Inc.

La version abrégée française du rapport annuel est disponible sur demande au bureau de l'Office régionale de la santé du Centre du Manitoba Inc.

Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

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Southport MB R0H 1N0
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Toll Free: 1 800 R.H.A-6359
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